

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035554

FILED VS NOV 12 1959

STATE FILE NUMBER

Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 121

EMENDED

1. PLACE OF DEATH a. COUNTY Cley		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Liberty		Length of stay in 1b 5 week	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Oddfellow's Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1308 Washington Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Richard W. Stallerd			4. DATE OF DEATH Month Day Year Oct. 29, 1959		
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-12-87	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (City and state or country) Plette Co. Mo.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Richard W. Stallerd		13b. MOTHER'S MAIDEN NAME Merthe Thornhill		14. NAME OF HUSBAND OR WIFE Anne Belle Shenks	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 489-24-1884	17. INFORMANT Richard D. Stallerd Liberty, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of prostate with skeletal metastases		INTERVAL BETWEEN ONSET AND DEATH 18/190
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Liberty, Mo.	COUNTY Jackson	STATE Missouri
21. I attended the deceased from October 1958 to Oct 29, 1959 and last saw her alive on Oct 25, 1959 Death occurred at Oct 29, 1959 8A m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE John Buttrous M.D. (Degree or title)	22b. ADDRESS 3130 S. Mull Kansas City, Mo.	22c. DATE SIGNED 10-30-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-31-1959	23c. NAME OF CEMETERY OR CREMATORY Dearborn Cemetery	23d. LOCATION (City, town, or county) Dearborn, Missouri

24. FUNERAL DIRECTOR Vaughn-Aufreno Dearborn, Missouri ADDRESS	25. DATE RECD. BY LOCAL REG. 11-3-1959	26. REGISTRAR'S SIGNATURE Mabel Graham
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

John W. Wilcox

VS. AUG 26 1930

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, Va

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.