

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036434

FILED VS NOV 2 1959

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5066

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson		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 Kansas City		Length of stay in 1b 60 yrs.	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 St. Lukes Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 634 W. 70th St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Marie Middle Antionett Last Stout			4. DATE OF DEATH Month Oct. Day 19, Year 1959		
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Apr. 17, 1895	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Oregon, Illinois	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME Howard E. Ellsworth	13b. MOTHER'S MAIDEN NAME Jennie Wintermote	14. NAME OF HUSBAND OR WIFE George D. Stout
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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. None	17. INFORMANT Mary Firner, 5227 W. 77th, K. C., Mo	Address
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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) pulmonary emphysema with COR pulmonale.		INTERVAL BETWEEN ONSET AND DEATH 12 yrs
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) Rheumatic Heart Disease	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
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour 2:15 a.m. p.m.	Month, Day, Year October 1947
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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 Kansas City	COUNTY Missouri	STATE
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21. I attended the deceased from October 1947 to October 59 and last saw her/him alive on 18 Oct 59 Death occurred at 2:15 A. m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE John F. McDonnell, M.D. (Degree or title)	22b. ADDRESS 315 Nichols Road Kansas City 12 Missouri	22c. DATE SIGNED 19 Oct 59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE Oct. 21, 1959	23c. NAME OF CEMETERY OR CREMATORY D. W. Newcomers Sons	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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24. FUNERAL DIRECTOR Stine & McClure, Kansas City, Mo.	25. DATE RECD. BY LOCAL REG. 10-21-59	26. REGISTRAR'S SIGNATURE Irene Minshall
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DOCUMENT

BY AFFIDAVIT OF JOHN F. Mc DONNELL, M.D. MEDICAL CERTIFICATION

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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Kansas City

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.

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3. NAME OF DECEASED (Type or print) First Marie Middle Antionette Last Stout			4. DATE OF DEATH Month Oct. Day 19, Year 1959			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Apr. 17, 1895	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Oregon, Illinois		
13a. FATHER'S NAME Howard E. Ellsworth			13b. MOTHER'S MAIDEN NAME Jennie Wintermote		14. NAME OF HUSBAND OR WIFE George D. Stout	
12. 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. None		17. INFORMANT Mary Firner, 5227 W. 77th, K. C., Mo	
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		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		COUNTY		STATE		
21. I attended the deceased from October 1947 to October 59 and last saw her/him live on 18 Oct 59 Death occurred at 2:15 A. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE John F. McDonnell, M.D.		22b. ADDRESS 315 Nichols Road Kansas City 12 Missouri		22c. DATE SIGNED 19 Oct 59		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		
Cremation		Oct. 21, 1959		D. W. Newcomers Sons		
23d. LOCATION (City, town, or county) (State)		23e. LOCATION (City, town, or county) (State)				
Kansas City, Missouri		Kansas City, Missouri				
24. FUNERAL DIRECTOR Stine & McClure, Kansas City, Mo.			25. DATE RECD. BY LOCAL REG. 10-21-59		26. REGISTRAR'S SIGNATURE Neva Minshall	

BY AFFIDAVIT OF JOHN F. MC DONNELL, M.D. I certify that items 3 & 13a are correct by aff. of funeral home on 9-6-02 jc

DOCUMENT

MEDICAL CERTIFICATION

