

VIRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040394

FILED VS. NOV 17 1959

149

Primary Registration District No. 1002 Registrar's No.

5320

STATE FILE NUMBER

INDEXED

6-3-60 nns
 6-3-60 nns
 William David Stainbrook
 Nov. 2 1959
 DOCUMENTATIONAL Service Life Ins. 1/6/44
 William Daniel Stainbrook
 Nov. 4 1959
 BY AFFIDAVIT OF Funeral Director
 Hjalmar E. Carlson
 3

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Miami		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 2 wks	c. CITY OR TOWN Fontana		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS RFD		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First WILLIAM Middle Daniel Last STAINBROOK DAVID			4. DATE OF DEATH Month Nov. Day 4 Year 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 12-27-1924 12-27-1922	9. AGE (last birthday) 37 36	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) LaOygne, Ks.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Fred Stainbrook		13b. MOTHER'S MAIDEN NAME Ruth Stevens		14. NAME OF HUSBAND OR WIFE Audrey Stainbrook	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address Mangold Funeral Home - LaOygne, Ks.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Toxemia Carcinoma of Testicle. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 4 mo DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH
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 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.)			
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 1957 to 11-3-1959 and last saw ^{him} live on Nov 3, 1959 Death occurred at 12:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Hjalmar E. Carlson (Degree or title)		22b. ADDRESS MD Professional Bldg - K.C., Mo.		22c. DATE SIGNED 11-4-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-4-59	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) LaOygne, Kansas		
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar ADDRESS 1800 Linwood		25. DATE RECD. BY LOCAL REG. 11-4-59	26. REGISTRAR'S SIGNATURE Neve Marshall		

MS DEC 17 1959

MAN 11 1960

STATEMENT BY LICENSED EMBALMER

*Dr H. E. Carlson
Prof Bldg
Viz-370
Office 100
Take to each in*

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

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George A. Jackson

Licensed Embalmer No. 5059

P. O. Address K E M

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.