OURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

'59 044349

FILED VS DEC 30 1959

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6014 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b 40 yr.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 126 S. Belaire
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 126 S. Belaire
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Charles Middle Lewis Last Stonerock
4. DATE OF DEATH Month 12 Day 14 Year 1959
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 2-14-1868
9. AGE (last birthday) 91
IF UNDER 1 YEAR Months — Days —
IF UNDER 24 HR Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saw Lumber
10b. KIND OF BUSINESS OR INDUSTRY Lumber
11. BIRTHPLACE (City and state or country) Illinois
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME George Stonerock
13b. MOTHER'S MAIDEN NAME Margarite Cifavah
14. NAME OF HUSBAND OR WIFE Eloy Stonerock
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Geo. Stonerock Address 126 S. Belaire K.C. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Vascular Accident
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 12/13/59, to 12/14/59 and last saw ~~her~~ him alive on 12/14/59
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE W. C. Worley (Degree or title) D.O.
22b. ADDRESS 336 West 36th St. Kansas City, Mo.
22c. DATE SIGNED 12/15/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12-17-59
23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cem.
23d. LOCATION (City, town, or county) (State) Kansas City, Mo.

24. FUNERAL DIRECTOR W. C. Blackman & Son Inc. ADDRESS K.C. Mo.
25. DATE RECD. BY LOCAL REG. 12-15-59
26. REGISTRAR'S SIGNATURE Nova Minshall

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed W. C. Rinne

Signature of Student Embalmer

Licensed Embalmer No. 4879

P. O. Address K. Ema.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.