URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-010239

STATE FILE NUMBER

FILED VS APR 14 1960

Registration District No. 59 Primary Registration District No. _____ Registrar's No. 74

1. PLACE OF DEATH
a. COUNTY Cass
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Pleasant — Length of stay in 1b: 9 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 miles NE of Belton — Inside Limits: Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Cass
c. CITY OR TOWN Belton, mo — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS Same. (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Jasper Middle Ernest Last Stovall

4. DATE OF DEATH: Month 4 Day 4 Year 1960

5. SEX Male
6. COLOR OR RACE white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH Sept. 12/1889
9. AGE (last birthday) 70
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) Roofer
10b. KIND OF BUSINESS OR INDUSTRY General
11. BIRTHPLACE (City and state or country) Decator, Texas.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Jasper N. Stovall
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Olma Stovall

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 William N. Stovall, Belton, Mo. Address

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) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate
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. ☐ 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.) Coronary occlusion
20c. TIME OF INJURY Hour 1:40 a.m. p.m. — Month, Day, Year 4 4 60
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.) In home
20f. CITY, TOWN, OR LOCATION RR#2 Belton Mt Pleasant Township — COUNTY Cass — STATE Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 1:40 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert C. Phillips (Degree or title) Coroner & ex-officio Cemetery
22b. ADDRESS Harrisonville, Mo.
22c. DATE SIGNED 4/4/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 4/5/60.
23c. NAME OF CEMETERY OR CREMATORY Harjo
23d. LOCATION (City, town, or county) (State) Harjo, Okla.

24. FUNERAL DIRECTOR E.K. GEORGE & SONS. ADDRESS BELTON, MO.
25. DATE RECD. BY LOCAL REG. April 7-1960
26. REGISTRAR'S SIGNATURE Mrs. Ray Sebree

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Richard E. Senger

Licensed Embalmer No. [illegible]

P. O. Address Belton, [illegible]

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