

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-023426

FILED VS JUL 5 1960 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3333 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN RAYTOWN 33 Mo	
Length of stay in 1b 56 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION BAPTIST MEMORIAL		d. STREET ADDRESS (If outside, give location) 9355 E 64th St.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last MORRIS STAYTON STOUT			4. DATE OF DEATH Month Day Year June 19 1960		
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 Apr. 9 1904	9. AGE (last birthday) 56	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) V. President		10b. KIND OF BUSINESS OR INDUSTRY Pipeline Co.		11. BIRTHPLACE (City and state or country) RAYTOWN 33, Mo	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME STAYTON STOUT		13b. MOTHER'S MAIDEN NAME ALICE MORRIS	
13c. NAME OF HUSBAND OR WIFE MARY ISORA STOUT		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service Yes		16. SOCIAL SECURITY NO. 486-09-5090	
17. INFORMANT Address Mrs. Mary Isora Stout 9355 E 64th St.					

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Coronary Occlusion		1 HR
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary heart disease	14 YRS
	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
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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 COUNTY STATE

21. I attended the deceased from **1936** to **6-18-1960** and last saw him alive on **6-18-60**
 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) McBubank M.D.	22b. ADDRESS Raytown Mo	22c. DATE SIGNED 6-21-60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JUNE 23 1960	23c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS
23d. LOCATION (City, town, or county) (State) KANSAS CITY Mo.		
24. FUNERAL DIRECTOR ADDRESS Kepley-Hinton RAYTOWN, Mo.	25. DATE RECD. BY LOCAL REG. 6-23-60	26. REGISTRAR'S SIGNATURE Neve Marshall

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

McBubank

STATEMENT BY LICENSED EMBALMER

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 John R. Bidman

Licensed Embalmer No. 453

P. O. Address Kansas

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.