

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

5442-60-042289  
STATE FILE NUMBER

FILED VS NOV 23 1960

149

Registration District No. Primary Registration District No. 1002 Registrar's No.

INDEXED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jackson		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		a. STATE Missouri		b. COUNTY Jackson	
Length of stay in 1b. 3 wks		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 700 Ward Parkway			
3. NAME OF DECEASED (Type or print) MRS. SYLVIA STAAB			4. DATE OF DEATH Oct. 27, 1960				
5. SEX Female	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 6-15-1936	9. AGE (last birthday) 24	IF UNDER 1 YEAR Months Days Hours	IF UNDER 24 HR 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) Ellis, Kans.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Ted Lang			13b. MOTHER'S MAIDEN NAME Lydia Hertel		14. NAME OF HUSBAND OR WIFE Donald Staab-		
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. unknown	17. INFORMANT Address Brook Funeral Home - Hayes, Kansas				
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) <i>Pulmonary Edema</i>						2 hrs	
Conditions, if any, which gave rise to above cause (e), stating the underlying cause last. DUE TO (b) <i>Rheumatic Heart Disease</i>						3 yrs	
DUE TO (c) <i>with Mitral Stenosis</i>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N- <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input 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 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 10/26/60 to 10/27/60 and last saw her alive on 10/27/60	Death occurred at 9:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <i>Robert A. Hamill MD</i>	22b. ADDRESS Kansas City Mo	22c. DATE SIGNED 10/28/60					
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal.	23b. DATE 10-28-60	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) Hayes, Kansas	(State)			
24. FUNERAL DIRECTOR ADDRESS Mellody-McGilley-Eylar -1800 E. Linwood			25. DATE RECD. BY LOCAL REG. 10-28-60	26. REGISTRAR'S SIGNATURE H. S. Dwyer			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Robert A. Hamill

Su  
4620 Nue

JK 1.20

7th. Noon-

NOV 23 1961 SA

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 Robert J. Landes

Licensed Embalmer No. 510

P. O. Address D. C. No.

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.