

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005539
STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

STATEMENTS ON THIS RECORD ARE TO BE SIGNED

AMENDED

FILED VS FEB 20 1961

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 653

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY Jackson

c. CITY OR TOWN Kansas City

d. STREET ADDRESS 2734 Harrison St.

3. NAME OF DECEASED (Type or print)

First Elizabeth Middle N/M/I Last Stahr

4. DATE OF DEATH

Month 2 Day 5 Year 61

5. SEX female

6. COLOR OR RACE white

7. Married Never Married Widowed Divorced

8. DATE OF BIRTH 12/30/80

9. AGE (last birthday) 80

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own home

11. BIRTHPLACE (City and state or country) Cole County, Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Adam Meisel

13b. MOTHER'S MAIDEN NAME Caroline Kline

14. NAME OF HUSBAND OR WIFE Eugene E. Stahr

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. None

17. INFORMANT Mrs. Annie Adrian - K.C. Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a); (b); and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Recent myocardial infarction

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.)

20c. TIME OF INJURY Hour 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 2-5-61 to 2-5-61 and last saw her alive on 2-5-61. Death occurred 7/15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Frank Ellis

22b. ADDRESS 2400 Cherry

22c. DATE SIGNED 2-7-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 2/8/61

23c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery

23d. LOCATION (City, town, or county) Kansas City, Mo.

24. FUNERAL DIRECTOR ADDRESS Wagner Funeral Home K.C. Mo.

25. DATE RECD. BY LOCAL REG. 2-7-61

26. REGISTRAR'S SIGNATURE Ruth Long

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Phillip L. Smith, Student Embalmer No. 622

working under my personal supervision.

Student Phillip L. Smith
Signature of Student Embalmer

Signed Alvin R. Hauschild

Licensed Embalmer No. 4159

P. O. Address K. C. Mo

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.