MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-005544
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 630

FILED VS FEB 20 1961

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: 62 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITAL — 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 2623 QUINCY (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ARTHUR Middle W. Last STINE
4. DATE OF DEATH Month FEBRUARY Day 4 Year 1961
5. SEX MALE
6. COLOR OR RACE CAUCASIAN
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH JULY 4 1896 — AGE (last birthday) 64 — 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) SUPT. OF TRANSPORTATION
10b. KIND OF BUSINESS OR INDUSTRY POWER & LIGHT CO.
11. BIRTHPLACE (City and state or country) CHILLICOTHE, MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME E. B. MIDDLETON
13b. MOTHER'S MAIDEN NAME ELIZABETH EVANS
14. NAME OF HUSBAND OR WIFE MARY STINE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW I
17. INFORMANT MRS. MARY STINE Address 2623 QUINCY

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)	Myocardial Failure	10 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Myocardial Ischemia	1 week
DUE TO (c)	Coronary Occlusion	1 week

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Coronary Sclerosis + Hypertension

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 Jan 1960 to present and last saw him alive on 2-4-61
Death occurred at 2:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George K Boyd (Degree or title) M.D.
22b. ADDRESS 5111 Independence Ave K.C. Mo
22c. DATE SIGNED 2-6-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE FEB. 7, 1961
23c. NAME OF CEMETERY OR CREMATORY MOUNT OLIVET CEMETERY
23d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI

24. FUNERAL DIRECTOR MUEHLEBACH ADDRESS 6800 TROOST
25. DATE RECD. BY LOCAL REG. 2-6-61
26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION Geo. K. Boyd

Dr. Geo. K. Loyd
~~Professional Bldg. HA1-6343~~
5111 Indep. Ave. BE1-7943

1:00 PM.

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 _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Claud V. Carr, Jr.

Licensed Embalmer No. 4934

P. O. Address KC 14, 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.