

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

1590-61-014006
STATE FILE NUMBER

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

AMENDED

Registration District No. **FILED APR 17 1961**

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 47 YEARS	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION TRINITY LUTHERAN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS PASEO MANOR APTS. 4125 THE PASEO
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First ALFRED Middle M. Last STACK			4. DATE OF DEATH Month 3 Day 27 Year 1961				
5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-21-85	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) NORWAY		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME ANTON STACK		13b. MOTHER'S MAIDEN NAME Julia Lettenstrom (-Unknown) LEFFENSTROM		14. NAME OF HUSBAND OR WIFE JUDITH STACK			
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.		17. INFORMANT MRS. JUDITH STACK KANSAS CITY, 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) Anemia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hematuria

DUE TO (c) Tumor of Left Kidney

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 <input checked="" 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 Month, Day, Year a.m. p.m.			
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 1952 to 1961 and last saw ^{him} alive on 3-27-61
Death occurred at 1:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Otto W. Theel M.D.</u>	22b. ADDRESS <u>4301 Main St. KC MO</u>	22c. DATE SIGNED <u>3-28-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAR. 30, 1961	23c. NAME OF CEMETERY OR CREMATORIUM GREEN LAWN CEMETERY
23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		

24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS	ADDRESS 1331 BRUSH CREEK KANSAS CITY MO.	25. DATE RECD. BY LOCAL REG. 3-29-61	26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED **4-3-61**

INSTEAD OF (Unknown) Leffenstrom

DOCUMENT

BY AFFIDAVIT OF Informant **Otto W. Theel**

ITEM NO. **13b** SHOULD READ **Julia Lettenstrom**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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

Harold D. Reich

Licensed Embalmer No. 4998

P. O. Address Kansas City,

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.