

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

336261-025514

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

3360

STATE FILE NUMBER

AMENDED

Registration District No. 149

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

FILED JUL 26 1961

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|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Kansas</u> b. COUNTY <u>Miami</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>               |  | Length of stay in 1b<br><u>1 Day</u>   | c. CITY OR TOWN <u>Osawatomie</u><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                    |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Marys Hosp.</u> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><u>106 Pacific</u><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print)<br>First <u>Chester</u> Middle <u>W.</u> Last <u>Stucker</u> |  |  | 4. DATE OF DEATH<br>Month <u>July</u> Day <u>4</u> Year <u>1961</u> |  |  |
|--|--|--|---|--|--|

|                    |                               |   |                                       |                                     |  |  |
|--------------------|-------------------------------|---|---------------------------------------|-------------------------------------|--|--|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>12/17/1898</u> | 9. AGE (last birthday)<br><u>62</u> | IF UNDER 1 YEAR<br>Months _____ Days _____ | IF UNDER 24 HR<br>Hours _____ Min. _____ |
|--------------------|-------------------------------|---|---------------------------------------|-------------------------------------|--|--|

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| 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Car Inspector</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Mo Pac RR</u> | 11. BIRTHPLACE (City and state or country)<br><u>Kansas</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>U. S. A.</u> |
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| 13a. FATHER'S NAME<br><u>Alfred Stucker</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Rosa Downs</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Mary Stucker</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> | 16. SOCIAL SECURITY NO. | 17. INFORMANT<br><u>Mary Stucker</u> Address <u>Osawatomie Kans.</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u><br>DUE TO (b) <u>Arterio-sclerotic Cardio-</u><br>DUE TO (c) <u>vascular disease</u> |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 week</u><br><u>years</u>  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 19. WAS AUTOPSY PERFORMED?<br>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.) |
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|   |                  |
|---|------------------|
| 20c. TIME OF INJURY<br>Hour _____<br>a.m. _____<br>p.m. _____ | Month, Day, Year |
|---|------------------|

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| 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<br>COUNTY _____ STATE _____ |
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21. I attended the deceased from 7-3-61 to 7-4-61 and last saw him alive on 7-3-61  
Death occurred at 12:15 Am on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE<br><u>Hubert M. Parker M.D.</u> (Degree or title) | 22b. ADDRESS<br><u>928 Argyle Bldg</u> | 22c. DATE SIGNED<br><u>7-4-61</u> |
|--|--|-----------------------------------|

|   |                            |  |  |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u> | 23b. DATE<br><u>7-4-61</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Osawatomie Cemetery</u> | 23d. LOCATION (City, town, or county) (State)<br><u>Osawatomie Kansas.</u> |
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| 24. FUNERAL DIRECTOR<br><u>Stine &amp; McClure</u> ADDRESS <u>K. C Mo.</u> | 25. DATE RECD. BY LOCAL REG.<br><u>7-5-61</u> | 26. REGISTRAR'S SIGNATURE<br><u>Ruth Long</u> |
|--|---|---|

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

Hubert M. Parker

AUG 3 1961

**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 Thomas P. Keckler

Licensed Embalmer No. 4995

P. O. Address A.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.