MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-015482 STATE FILE NUMBER

Registration District No. 147 Primary Registration District No. 1002 Registrar's No. 2070

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

FILED APR 30 1962

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: 15 years

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: General 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 (If outside, give location): 1101 East 11th. St.

Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Pearl Middle Alice Last Stansberry

4. DATE OF DEATH: Month April Day 11 Year 1962

5. SEX: Females

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 5-13-92

9. AGE (last birthday): 69

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): Practical Nurse

10b. KIND OF BUSINESS OR INDUSTRY: Hospitals

11. BIRTHPLACE (City and state or country): Vermillion, Kansas

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: James Abner Ray

13b. MOTHER'S MAIDEN NAME: Cynthia Ann Smith

14. NAME OF HUSBAND OR WIFE: John Stansberry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

17. INFORMANT: Mrs. Mildred M. Booe, Oswego, Kansas Address 1215 W. 2nd.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) ~~pending further microscopic studies~~ fracture left femur &post operative aspiration pneumonia

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

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

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 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 4-7-62 to 4-11-62 and last saw her/him alive on 4-11-62

Death occurred at 9:50 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. Frank Ellis (Degree or Title)

22b. ADDRESS 2400 Cherry - K.C., Mo.

22c. DATE SIGNED 4-13-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE 4-14-62

23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery

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

24. FUNERAL DIRECTOR: PETER B. LAPETINA: 536-38 CAMPBELL ADDRESS K.C., MO.

25. DATE RECD. BY LOCAL REG.: 4-13-62

26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	31 68 2		
3			
4	1		
5	2		
6			
7	1		
8	1		
9	9049		
10	45		
11	123		
12	57-0		
13			

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

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,

_____, Student Embalmer No._____

working under my personal supervision.

Student_____.
Signature of Student Embalmer

Signed Jack F. Moore

Licensed Embalmer No. 4729

P. O. Address Trenton, 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.