

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-015490

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

1914 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1914

FILED APR 20 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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SHOULD READ

ITEM NO.

DOCUMENT

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY <u>Jackson</u> | | a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> | | c. CITY OR TOWN <u>Kansas City</u> | |
| Length of stay in 1b <u>4 yrs.</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u> | | d. STREET ADDRESS (If outside, give location) <u>1016 Locust</u> | |
| Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last | | | 4. DATE OF DEATH Month Day Year |
| <u>MSGR. PAUL E. STOKES</u> | | | <u>April 4, 1962</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>1-20-1900</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Catholic Priest</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Catholic Church</u> | 11. BIRTHPLACE (City and state or country) <u>Morristown, N. J.</u> |
| 13a. FATHER'S NAME <u>Thomas Stokes</u> | | 13b. MOTHER'S MAIDEN NAME <u>Ottilia Lukenheimer</u> | 14. NAME OF HUSBAND OR WIFE <u>none</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address <u>Msgr. Sullivan, 75th. & Main</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: | | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) - <u>subdural hemorrhage</u> | | | |
| DUE TO (b) <u>fracture base skull</u> | | | |
| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input checked="" 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.) <u>Fell down stairs at</u> | |
| 20c. TIME OF INJURY Hour a.m. p.m. <u>4-8-62</u> Month, Day, Year <u>muchlebach Hall</u> | 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.) <u>Hall</u> | 20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Kansas City Jackson Mo</u> |
| 21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Deey H. Owens</u> | | 22b. ADDRESS <u>152 Union Station</u> | 22c. DATE SIGNED <u>4-5-62</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u> | 23b. DATE <u>4-6-62</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>St. Agnes Cem.</u> | 23d. LOCATION (City, town, or locality) (State) <u>Sarcoie, Mo.</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>Melody-McGilly Eylar Woodland</u> | | 25. DATE RECD. BY LOCAL REG. <u>4-5-62</u> | 26. REGISTRAR'S SIGNATURE <u>Arthur Long</u> |

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF Hugh H. Owens

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

James E. Hackleman

Licensed Embalmer No. 4573

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.