

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035011

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4962

FILED OCT 15 1962	
1. PLACE OF DEATH	
a. COUNTY JACKSON	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY	a. STATE MISSOURI b. COUNTY JACKSON
Length of stay in lb OR TOWN 20 months	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION QUEEN OF THE WORLD HOSPITAL	d. STREET ADDRESS (If outside, give location) 2934 BROOKLYN Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)	4. DATE OF DEATH
First Middle Last PAMELA JEAN STONE	Month Day Year SEPTEMBER 27, 1962
5. SEX FEMALE	6. COLOR OR RACE NEGRO
7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-15-1961
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and state or country) Kansas C. ty, Kansas	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME OZELL STONE JR.	13b. MOTHER'S MAIDEN NAME Mildred Erservy
14. NAME OF HUSBAND OR WIFE MRS. MILDRED STONE 2934 BROOKLYN KCMO.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NO
17. INFORMANT MRS. MILDRED STONE 2934 BROOKLYN KCMO.	Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a)	INTERNAL-HYDROCEPHALUS- collosum
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____
	DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in (a), (b), or (c). EPENDYMOMA OF THE CORPUS CALLOSUM	
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 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 s.m. p.m. Month, Day, Year	
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 <u>9-1-1962</u> to <u>9-27-62</u> and last saw her/him alive on <u>9-27-62</u>	
Death occurred at <u>2:32 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <i>Leroy Haugh M.D.</i>	22b. ADDRESS 3408 E 39th
22c. DATE SIGNED 9/28/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-1-62
23c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn	23d. LOCATION (City, town, or county) (State) Kans City, Missouri
24. FUNERAL DIRECTOR Watkins Bros. Funeral Home 18th & Benton	25. DATE RECD. BY LOCAL REG. 9-28-62
26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DATE AMENDED
 10/22/62
 10/22/62
 INTERNAL HYDROCEPHALUS
 EPENDYMOMA OF CORPUS CALLOSUM
 DOCUMENT
 MEDICAL CERTIFICATION
 Leroy Haugh
 BY AFFIDAVIT OF attending physician
 Pt. II corpus collosum
 18a Brain tumor, ependymoma of
 Pt. II left blank

VS 300 Rev. 4/59
 1
 23408
 3
 4 3
 5 0
 6
 7 1
 8
 9 193.0
 10
 11
 12 63-0
 13

USE BLACK INK OR TYPEWRITER RIBBON

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 Bruce R. Watkins

Licensed Embalmer No. 4500

P. O. Address 1800 Benton

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.