

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-028681

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4176 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED AUG 14 1963

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in lb 5 1/2 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5926 Holmes Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jackson
c. CITY OR TOWN Kansas City Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 5926 Holmes Residence on Farm Yes No

3. NAME OF DECEASED First Middle Last
LOUIS WILLIAM STOENNER
4. DATE OF DEATH Month Day Year
July 23 1963

5. SEX Male **6. COLOR OR RACE** White **7. Married** **Never Married**
Widowed **Divorced**
8. DATE OF BIRTH 9/21/87 **9. AGE (last birthday)** 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper, Retired
10b. KIND OF BUSINESS OR INDUSTRY Meat Packing Co. **11. BIRTHPLACE** (City and state or country) Mayview, Missouri **12. CITIZEN OF WHAT COUNTRY** U. S. A.

13a. FATHER'S NAME Frank W. Stoenner **13b. MOTHER'S MAIDEN NAME** Louise Hobein **14. NAME OF HUSBAND OR WIFE** Bertha A. Stoenner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No **16. SOCIAL SECURITY NO.** [redacted] **17. INFORMANT** Bertha A. Stoenner Address 5926 Holmes K. C. 10, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Chronic pyelonephritis INTERVAL BETWEEN ONSET AND DEATH PMO
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis LYC
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.
 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 _____ Month, Day, Year _____
a.m. _____ p.m. _____

20d. INJURY OCCURRED 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 5-19-62, to 7-23-63 and last saw ^{her}him alive on 7-23-63
Death occurred at 9:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) [Signature] **22b. ADDRESS** 1027 E 75, KC 31 MO **22c. DATE SIGNED** 7-24-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial **23b. DATE** 7/26/1963 **23c. NAME OF CEMETERY OR CREMATORY** Memorial Park **23d. LOCATION** (City, town, or county) (State) Kansas City Missouri

24. FUNERAL DIRECTOR Wagner Funeral Home ADDRESS K.C. 11, Mo. **25. DATE RECD. BY LOCAL REG.** 7-25-63 **26. REGISTRAR'S SIGNATURE** [Signature]

USE BLACK INK OR TYPEWRITER RIBBON

