

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

66 0045901

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 142 Primary Registration District No. 1002 Registrar's No. 6106

FILED NOV 28 1966

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

James W. Fowler, M.D. MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> COUNTY <b>JACKSON</b>                     |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>KANSAS CITY</b>   |   | c. CITY OR TOWN <b>KANSAS CITY</b>  |  |
| Length of stay in lb <b>42 YEARS</b>  |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>ST. MARY'S HOSPITAL</b>   |   | d. STREET ADDRESS <b>ALCAZAR HOTEL</b><br><b>101 WEST 39th STREET</b>   |  |
| 3. NAME OF DECEASED<br>(Type or print) First <b>JESSE</b> Middle <b>ROY</b> Last <b>STANLEY</b>   |   | 4. DATE OF DEATH Month <b>NOVEMBER</b> Day <b>15</b> Year <b>1966</b>   |  |
| 5. SEX <b>MALE</b>  | 6. COLOR OR RACE <b>WHITE</b>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>7-22-1887</b>                |
| 9. AGE (last birthday) <b>79</b>  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>MEAT CUTTER</b> |   | 10b. KIND OF BUSINESS OR INDUSTRY <b>RETIRED</b> |
| 11. BIRTHPLACE (City and state or country) <b>ROTHVILLE, MISSOURI</b>   |   | 12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>   |  |
| 13a. FATHER'S NAME <b>COLEMAN STANLEY</b>   |   | 13b. MOTHER'S MAIDEN NAME <b>ZARILDA REDDING</b>  |  |
| 14. NAME OF HUSBAND OR WIFE <b>WONNIE MAY STANLEY</b>   |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>   |  |
| 16. SOCIAL SECURITY NO. <b>445-07-1283</b>  |   | 17. INFORMANT <b>P.E. STANLEY</b> Address <b>939 JEFFERSON STREET, KANSAS CITY, MISSOURI</b>  |  |
| 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) <b>NEPHROSCLEROSIS WITH UREMIA</b><br>DUE TO (b) <b>ARTERIOSCLEROSIS, GENERALIZED</b><br>DUE TO (c) <b>RECENT DUODENAL ULCER WITH HEMORRHAGE.</b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>RECENT DUODENAL ULCER WITH HEMORRHAGE.</b><br>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 |   |   |  |
| 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 <input type="checkbox"/> Month, Day, Year <input type="checkbox"/>   | 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 <b>SEP 21, 1966</b> to <b>NOV 15, 1966</b> and last saw him alive on <b>NOV 15, 1966</b><br>Death occurred at <b>4:20 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |  |
| 22a. SIGNATURE (Degree or title) <b>James W. Fowler, M.D.</b>   |   | 22b. ADDRESS <b>1103 GRAND AVE</b>  |  |
| 22c. DATE SIGNED <b>Nov 16, 66</b>  |   | 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>   |  |
| 23b. DATE <b>NOV. 17, 1966</b>  |   | 23c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK CEMETERY</b>  |  |
| 23d. LOCATION (City, town, or county) <b>KANSAS CITY, MISSOURI</b>  |   | 23e. DATE RECD. BY LOCAL REG. <b>11-17-66</b>   |  |
| 24. FUNERAL DIRECTOR <b>D.W. NEWCOMER'S SONS - KANSAS CITY, MO</b>  |   | 26. REGISTRAR'S SIGNATURE <b>Bertha Finley</b>  |  |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

Dr. James W. Allison 7 months  
928 Professional Bldg - 1003  
1:30 - 5:30  
Shirley J. Moore

**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 Harold P. Reich

Licensed Embalmer No. 4998

P. O. Address Kennett City, 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.

6700-101-0024