

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-043225

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

22  
3013  
244  
FILED NOV 17 1965

VS 300  
Rev. 4/59

1 6008  
2 6008  
3  
4 /  
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6  
7 0  
8 /  
9 322.2  
10  
11  
12 90.0  
13 4-2

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED  
1-12-66  
12-12-66

ITEM NO.  
18a Intoxication, alcoholic  
Pt. II See information added

DOCUMENT  
BY AFFIDAVIT OF Attendant

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Clay</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Clay</b>  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR <b>Kansas City</b>   |   | c. CITY OR TOWN <b>Kansas City</b>  |  |
| Length of stay in lb <b>43 Years</b>   |   | Inside Limits <b>Yes</b> <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>5218 N. Walrond</b>  |   | d. STREET ADDRESS (If outside, give location)<br><b>5218 N. Walrond</b>   |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Lela</b> Middle <b>M.</b> Last <b>Carlisle</b>   |   | 4. DATE OF DEATH<br>Month <b>November</b> Day <b>12</b> Year <b>1965</b>  |  |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>                     | 8. DATE OF BIRTH<br><b>9-12-1898</b>                             |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Home</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Tipton, Mo.</b> |
| 13a. FATHER'S NAME<br><b>Frank Stinger</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Myrtle Snorgrass</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |   | 16. SOCIAL SECURITY NO.<br><b>None</b>  |  |
| 17. INFORMANT<br><b>Mr. Oliver E. Carlisle</b>   |   | Address<br><b>5218 N. Walrond</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>Intoxication, Alcoholic</b><br><b>Underlying - myocardial infarction</b><br><b>Due to (b) - highly suspected</b><br><b>Due to (c) - autopsy - Pending</b> |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>Unknown</b>  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Osteoarthritis, spine</b><br><b>Generalized Arteriosclerosis, Osteoporosis, spine</b>  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour <b>4:00</b> Month, Day, Year <b>1957</b>   |   | 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<br><b>Tipton</b>   |  |
| 20g. COUNTY<br><b>Mo.</b>  |   | 20h. STATE<br><b>Mo.</b>  |  |
| 21. I attended the deceased from <b>1957</b> to <b>Nov 1965</b> and last saw her alive on <b>7-31-65</b><br>Death occurred at <b>4:00</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.  |   | 22a. SIGNATURE (D. of title)<br><b>Donald E. Stinger M.D.</b>   |  |
| 22b. ADDRESS<br><b>8630 No Oak KC Mo 64118</b>   |   | 22c. DATE SIGNED<br><b>11/14/65</b>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  | 23b. DATE<br><b>11-15-1965</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Odd Fellows Cemetery</b>   | 23d. LOCATION (City, town, or county)<br><b>Tipton</b>           |
| 24. FUNERAL DIRECTOR<br><b>Harry Butler</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>11/14/65</b>   |  |
| 26. REGISTRAR'S SIGNATURE<br><b>James Rine</b>   |   | 27. REGISTRAR'S SIGNATURE<br><b>James Rine</b>  |  |

(Licensed Embalmer's Statement on Reverse Side)

FEB 14 1966

SEP 20 1967

*Permit #233  
received*

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 *C. Ray Leuderbach*

Licensed Embalmer No. *5027 (Mo)*

P. O. Address *Kansas 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.