

FILED OCT 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30596

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3968

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>25 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>2928 Forest Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Lutheran Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nellie</u> b. (Middle) <u>Grace</u> c. (Last) <u>Stephens</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 13 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>April 2, 1892</u>
9. AGE (In years last birthday) <u>57 YRS.</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Multi Graph Operator</u>		11. BIRTHPLACE (State or foreign country) <u>Southampton, England</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Board of Education</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Fleetwood William Stephens</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Ann Shirvall</u>	
14. NAME OF HUSBAND OR WIFE _____			
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'S SIGNATURE OR NAME <u>George F. Stephens</u> ADDRESS <u>5527 Lydia, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral / hemorrhage</u> ANTECEDENT CAUSES <u>Essential / hypertension</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>12 30 p.m.</u> , 1949, to <u>13 30 p.m.</u> , 1949, that I last saw the deceased alive on <u>13 30 p.m.</u> , 1949, and that death occurred at <u>4:10 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Robert M. Myers</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1025 Quetta Bldg.</u>	23c. DATE SIGNED <u>12 29 49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Creemation</u>	24b. DATE <u>9-15-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>D.W. Newcomer's</u>	24d. LOCATION (City, town, or county) (State) <u>331 Brush Creek Blvd. Kansas City, Mo.</u>
DATE REC'D BY LOCAL REG. <u>9-15-49</u>	REGISTRAR'S SIGNATURE <u>Deraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R.W. Newcomer's Sons</u> ADDRESS <u>1331 Brush Creek Blvd. Kansas City, Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Robert Ray

Signed.....
Student Embalmer

Licensed Embalmer No. 4182

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 this body is not embalmed, fact should be so stated above.