

FILED MAY 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16966

State File No.

BIRTH NO. 28409-50 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2164

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. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>2509 Myrtle 3369</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Lutheran Hospital</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>Unnamed</u> b. (Middle) <u>girl</u> c. (Last) <u>Stephens</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5 9 50</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>5-2-50</u>	9. AGE (In years last birthday) <u>1</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>23</u>	IF UNDER 24 HRS. Hours <u>14</u> Min.
----------------------	-------------------------------	---	--------------------------------	--	--	---------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Kansas City mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
--	--	-----------------------------------	--	---	--	---	--

13a. FATHER'S NAME <u>James Clarence Stephens</u>		13b. MOTHER'S MAIDEN NAME <u>Ada Lee McHughes</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>	
--	--	--	--	---	--

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. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ada Stephens</u>		ADDRESS <u>2509 Myrtle</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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>			DUE TO (b) <u>Atelectasis</u>				<u>24 hrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c) <u>Premature Birth</u>				<u>48 hrs</u>	
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.							<u>76 5</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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 May 2, 1950, to May 4, 1950, that I last saw the deceased alive on May 4, 1950, and that death occurred at 8:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John M. Powers M.D.</u> (Degree or title)		23b. ADDRESS <u>3304 Linwood</u>		23c. DATE SIGNED <u>5/6/50</u>	
---	--	----------------------------------	--	--------------------------------	--

24a. BURIAL (CREMATION) REMOVAL (Specify) <u>Trinity Hosp. Lab. 5-4-50</u>		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>Trinity Lutheran Hosp. K-C-mo.</u>		24d. LOCATION (City, town, or county) (State)	
--	--	-----------	--	--	--	---	--

DATE REC'D BY LOCAL REG. <u>5-11-50</u>		REGISTRAR'S SIGNATURE <u>Deraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Trinity Lutheran Hosp. K-C-mo.</u>		ADDRESS	
---	--	---	--	--	--	---------	--

(Licensed Embalmer's Statement on Reverse Side)

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.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.