

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41023**  
Registrar's No. **5154**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <b>5154</b>	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>3 weeks</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Birmingham</b> <b>1940</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Trinity Lutheran Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>/ X</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Jessie</b>		b. (Middle) <b>E.</b>		c. (Last) <b>Stepp</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 5, 1950</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Nov 6, 1889</b>		9. AGE (In years last birthday) <b>61</b> IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Post-Mistress Birmingham, Mo.</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>DeKalb County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Thomas Blankenship</b>		13b. MOTHER'S MAIDEN NAME <b>Minnie Swearingen</b>		14. NAME OF HUSBAND OR WIFE <b>James M. Stepp</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>490-14-7644</b>		17. INFORMANT'S SIGNATURE OR NAME - ADDRESS <b>Mrs. Sarah Vallentine 1015 E. 24th St. Kansas City, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Cardis Vascular Disease</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Bronchopneumonia Terminal</b>				INTERVAL BETWEEN ONSET AND DEATH <b>10 wk</b> <b>3 yrs</b> <b>44 yr</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 <b>2 to 20</b> , 19 <b>50</b> , to <b>5 Dec</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>4 Dec</b> , 19 <b>50</b> , and that death occurred at <b>6:30</b> p. m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Edward H. Fischer</b> (Degree or title)				23b. ADDRESS <b>2025 Swift No Kc Mo</b>		23c. DATE SIGNED <b>6 Dec 50</b>	
24a. BURIAL CREMA-TION (REMOVAL) (Specify) <b>BURIAL</b>		24b. DATE <b>12-7-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Liberty Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Liberty, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>12-6-50</b>		REGISTRAR'S SIGNATURE <b>Seraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>D.W. NEWCOMER'S SONS North Kansas City, Missouri</b>			

WRITE PLAINLY—USING UNFAADING 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.....

*John V. Ferrick Jr.*

working under my personal supervision.

Student Embalmer No. *393*.....

Signed.....  
Student Embalmer

*John V. Ferrick Jr.*

Signed.....

*Glenn S. Hill*

Licensed Embalmer No. *4586*.....

P. O. Address *Covendale, 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.