

FILED JAN 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1446

BIRTH NO.		REG. DIST. NO. 150		PRIMARY REG. DIST. NO. 5572		Registrar's No. 3	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Jackson		b. CITY (If outside corporate limits, write RURAL and give town or township) Rural Prairie		c. LENGTH OF STAY (In this place) 4 days		a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural Prairie		c. LENGTH OF STAY (In this place) 4 days		c. CITY (If outside corporate limits, write RURAL and give township) Lees Summit		b. COUNTY Jackson	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County E. Hosp.				d. STREET ADDRESS (If rural, give location) 207 East 3rd St.			
3. NAME OF DECEASED		a. (First) Austin		b. (Middle) Conway		c. (Last) Stephens	
(Type or Print)		a. (First) Austin		b. (Middle) Conway		c. (Last) Stephens	
4. DATE OF DEATH		a. (Month) January		b. (Day) 10		c. (Year) 1951	
5. SEX male		6. COLOR OR RACE wh.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 2 - 1872	
9. AGE (In years, if month, last birthday) 78		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Salesman		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Carrollton Mo	
12. CITIZEN OF WHAT COUNTRY U.S.A		13a. FATHER'S NAME Joseph Stephens		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Nell Stephens	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Laura F. Frezier-Butler Mo			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis				1 week	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) Generalized arteriosclerosis					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.				4201	
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) (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 1-6, 1951, to 1-10, 1951, that I last saw the deceased alive on 1-9-51, 19, and that death occurred at 5:09 a.m., from the causes and on the date stated above.							
23a. SIGNATURE Mrs. C. Hinnerschtein				23b. ADDRESS 1244 Independence Mo		23c. DATE SIGNED 1-10-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-12-51		24c. NAME OF CEMETERY OR CREMATORY Lees Summit		24d. LOCATION (City, town, or county) Lees Summit Mo (State)	
DATE REC'D BY LOCAL REG. 1-11-51		REGISTRAR'S SIGNATURE Donald C. Earnshaw		FUNERAL DIRECTOR'S SIGNATURE 378		ADDRESS Lees Summit Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10. 48

480

JAN 23 RECD

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
Student Embalmer

Signed *W.B. Longford* _____

Licensed Embalmer No. *3833* _____

P. O. Address *Leis Summit* _____

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.