

FILED MAR 31 1951

STANDARD CERTIFICATE OF DEATH

State File No. 8974

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 28

1. PLACE OF DEATH
 a. COUNTY Jackson
 b. CITY (If outside corporate limits, write RURAL and give town) Prairie
 c. LENGTH OF STAY (in this place) 5 hours
 d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY Jackson
 c. CITY (If outside corporate limits, write RURAL and give township) Kansas City 3368
 d. STREET ADDRESS (If rural, give location) 2318 Myrtle 1

3. NAME OF DECEASED
 a. (First) Mary b. (Middle) Stevens c. (Last) Stevens

4. DATE OF DEATH (Month) (Day) (Year)
 Mar. 8, 1951

5. SEX female
 6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2

8. DATE OF BIRTH 1867
 Dec. 19, 1868

9. AGE (in years last birthday) 83
 02 83

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY self employed

11. BIRTHPLACE (State or foreign country) Jackson County, Mo. 0

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Edward Lilley

13b. MOTHER'S MAIDEN NAME Elizabeth Harris

14. NAME OF HUSBAND OR WIFE F. L. Stevens (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
 E. T. Nokes 2400 1/2 Norton St. Kansas City, Mo.

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
Established 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) *Arteriosclerotic Heart Disease*
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 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.
 INTERVAL BETWEEN ONSET AND DEATH 4200

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) *Natural*

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7 PM m., from the causes and on the date stated above.

23a. SIGNATURE *Dr. H. Aubrey Corson* (Degree or title)

23b. ADDRESS 1234 *Quincy Blvd*

23c. DATE SIGNED 3-9-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Mar. 10, 1951

24c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cem.

24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 3-10-51

REGISTRAR'S SIGNATURE *Ronald C. Samsbury* 378

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS *Geo. C. Corson* Independence, Mo.

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

0480

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 Charles E. Schroeder

Licensed Embalmer No. 4741

P. O. Address Independence, 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.

GEN O S 811

A F F I D A V I T

8974

State of Missouri) ss
County of Jackson)

Eugene T. Nokes, of lawful age, being first duly sworn on his oath, states:

THAT he is the son-in-law of Mary Stevens, who died on March 8, 1951, in Kansas City, Jackson County, Missouri; that he was well acquainted with the age of the said Mary Stevens, as she lived with him approximately 30 years before her death.

Affiant further states that he knows the correct date of the birth of Mary Stevens, and that she was born on December 19, 1867.

Further, affiant saith not.

Eugene T. Nokes
AFFIANT

Subscribed and sworn to before me a Notary Public this 23 day of April, 1951.

Harry B. Brumder
NOTARY PUBLIC

My commission expires:

Apr - 29, 1954