

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26422**

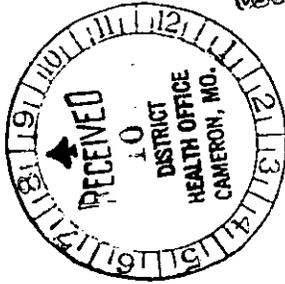
FILED SEP 15 1951

BIRTH NO. _____		REG. DIST. NO. 92		PRIMARY REG. DIST. NO. 3613		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY Clay 0241				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay				
b. CITY (If outside corporate limits, write RURAL and give township) North Kansas City		c. LENGTH OF STAY (in this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City, North 0241		d. STREET ADDRESS (If rural, give location) 3921 N. Jackson 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION 2025 Swift.								
3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Thomas c. (Last) Stevenson			4. DATE OF DEATH (Month) (Day) (Year) Aug 31 1951					
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 16 Feb 1885		
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months 6 Days 15		IF UNDER 24 HRS. Hours 15 Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Feed Parker			10b. KIND OF BUSINESS OR INDUSTRY Milling		11. BIRTHPLACE (State or foreign country) Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Stevenson			13b. MOTHER'S MAIDEN NAME Iva Estes		14. NAME OF HUSBAND OR WIFE Bessie Stevenson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 486-69-1677		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bessie Stevenson KC, MO				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary artery thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerotic heart disease 3 yrs 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 10 hrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200					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 31 Aug, 1951 , to 31 Aug, 1951 , that I last saw the deceased alive on 31 Aug, 1951 , and that death occurred at 2:45 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Robert A. Kitchen MD				23b. ADDRESS 2025 Swift, NKC		23c. DATE SIGNED 4 Sept 51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2 Sept. 1951		24c. NAME OF CEMETERY OR CREMATORY Providence		24d. LOCATION (City, town, or county) (State) Liberty MO.		
DATE REC'D BY LOCAL REG. 9-2-1951		REGISTRAR'S SIGNATURE Beulah Kitchener 63		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Morton Funeral Home NKC				

(Licensed Embalmer's Statement on Reverse Side)

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

6201 76 00.3



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 J. L. S. McLowry

Licensed Embalmer No. 4856

P. O. Address North St. 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.