

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28311

3805

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3805		
1. PLACE OF DEATH a. COUNTY Jackson 0				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 3538				
b. CITY OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 11 yrs		c. CITY OR TOWN Kansas City		530		
d. FULL NAME OF HOSPITAL OR INSTITUTION ROBERT Research Hosp.				d. STREET ADDRESS (If rural, give location) 3637 Florid 530				
3. NAME OF DECEASED (Type or Print) a. (First) RUSSELL b. (Middle) W c. (Last) STEVENS			4. DATE OF DEATH (Month) (Day) (Year) Aug 24 1952					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH 2 Sept 5-1900		
9. AGE (In years last birthday) 51		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) --		10b. KIND OF BUSINESS OR INDUSTRY Tazier Cosmetic Co.		11. BIRTHPLACE (State or foreign country) Skidmore Missouri		
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Herbert Steven		13b. MOTHER'S MAIDEN NAME Jessie Kerns		14. NAME OF HUSBAND OR WIFE deceased HAZEL		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. W.W.I. 500-07-5636		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ernie Leard (Cameron Mo.) ADDRESS				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary obstruction ANTECEDENT CAUSES Primary Adenocarcinoma lung Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) I have metastasis 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 2 days 5 mos 1624	
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 4-5, 1952, to 8-24, 1952, that I last saw the deceased alive on 8-24, 1952, and that death occurred at 4:45 p.m., from the causes and on the date stated above.								
23a. SIGNATURE Lester D. Shook (Degree or title) MD				23b. ADDRESS 830 Ogyle Bldg KCMo		23c. DATE SIGNED 8-25-52		
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE Aug 29-52		24c. NAME OF CEMETERY OR CREMATORY Mtland Cem		24d. LOCATION (City, town, or county) (State) Mo		
DATE REC'D BY LOCAL REG. 8-27-52		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FEDERAL DIRECTOR'S SIGNATURE Morris Atchison		ADDRESS Maryville Mo		

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

Dr. Lester Shook

SEP 19 1952

OCT 6 1952

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 *G M Atchison*

Licensed Embalmer No. *2279*

P. O. Address *Argyll Me*

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.