

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>10 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>816 GREGORY BLVD</u>	
d. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <u>EMILY MANDOR CONVALSANT HOME 3526 WALNUT STREET</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 9 1952</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emily</u> b. (Middle) <u>Stevenson</u> c. (Last) _____		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>SEPT. 4, 1864</u>		9. AGE (In years) (last birthday) <u>88</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>Zanesville, Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>NATHANIEL THOMAS</u>		13b. MOTHER'S MAIDEN NAME <u>SUSIE STEPHENS</u>	
14. NAME OF HUSBAND OR WIFE <u>ALFRED W. STEVENSON</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME (Address) <u>Mrs. Verna Fritch, 816 N. Gregory Blvd.</u>	
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) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES (b) <u>Generalized Arteriosclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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) <u>no</u>	
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 <u>January</u> , 1951, to <u>Sept 9</u> , 1952, that I last saw the deceased alive on <u>August 25, 1952</u> , and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Max S. Allen</u>		23b. ADDRESS <u>University of Kansas Medical Center, K.C., Mo.</u>	
23c. DATE SIGNED <u>Sept 10, 1952</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>	
24b. DATE <u>SEPT. 11, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>D.W. NEWCOMER'S SONS</u>	
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE (Address) <u>Geraldine Holmes, D.W. Newcomer's Sons, Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-11-52</u>		REGISTRAR'S SIGNATURE _____	

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

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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

*John R. Sidman*

Licensed Embalmer No. 4531

P. O. Address Jessie City, 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.