No. 300
10-48

FILED FEB 13 1953

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 1806

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5573 Registrar's No. 32

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grain Valley R.F.D
c. LENGTH OF STAY (in this place): 40 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4 Mi South ( Sni a Bar

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grain Valley-Rural-Sni a Bar
d. STREET ADDRESS (If rural, give location): 4 Mi South

**3. NAME OF DECEASED** (Type or Print)
a. (First): Minnie
b. (Middle): L
c. (Last): Stephenson

**4. DATE OF DEATH** (Month) (Day) (Year): Jan 28 1953

**5. SEX**: FM
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widdow
**8. DATE OF BIRTH**: Jan 20 1873
**9. AGE** (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 1 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): None
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): Lees Summit Mo
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A

**13a. FATHER'S NAME**: Fredrick Sebolt
**13b. MOTHER'S MAIDEN NAME**: Louise Zohn
**14. NAME OF HUSBAND OR WIFE**: Charles -

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service): None
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: Lennard Stephenson — ADDRESS: Grain Valley 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertensive cardio vascular — 5 yr +
DUE TO (c) disease

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**: 443X
**20. AUTOPSY?** YES ☐ NO ☑

**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) m.:
**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 4-26, 1952, to 1-28, 1953, that I last saw the deceased alive on 10-30, 1952, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

**23a. SIGNATURE**: Merrill R. Bay (Degree or title) M.D. O
**23b. ADDRESS**: Blue Springs, Mo
**23c. DATE SIGNED**: 1-31-53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Jan-31-1953
**24c. NAME OF CEMETERY OR CREMATORY**: Blue Springs
**24d. LOCATION** (City, town, or county) (State): Blue Springs Mo

DATE REC'D BY LOCAL REG.: Jan 31, 1953
REGISTRAR'S SIGNATURE: D. B. Langford
**25. FUNERAL DIRECTOR'S SIGNATURE** (Licensed Embalmer's Statement on Reverse Side): Webb Funeral Home
ADDRESS: Blue Springs Mo

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

AUG 5 1953

## 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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed R Burk

Signed.....
Student Embalmer

Licensed Embalmer No. 2353

P. O. Address Blue Springs 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.