

STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED MAR 8 1954

146

4368

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson (Rural Blue)</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) <u>Inter-City (K.C.)</u>		c. LENGTH OF STAY (In this place) <u>37 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Inter-city (K.C.)</u>		TOWN <u>1900</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>113 So. Ash.</u>				d. STREET ADDRESS (If rural, give location) <u>113 So. Ash. (Rural Blue)</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dora</u> b. (Middle) <u>P.</u> c. (Last) <u>Stephens</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 24 1954</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Dec 8, 1897</u>	
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		9. AGE (In years last birthday) if UNDER 1 YEAR: Months <u>2</u> Day <u>16</u> Hours <u> </u> Min. <u> </u>	
11a. FATHER'S NAME <u>William Pell</u>			11b. MOTHER'S MAIDEN NAME <u> </u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			12. NAME OF HUSBAND OR WIFE <u> </u>				
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		14. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alden L. Madison</u>			
15. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u> </u>				16. ADDRESS <u>113 S. Ash</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u> </u>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of lung</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Afordid 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. <u>163 X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Respay shows Co. of bronchus</u>				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) (m.)		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>Nov 2, 1953</u> , to <u>Feb 23, 1954</u> , that I last saw the deceased alive on <u>Feb 23, 1954</u> , and that death occurred at <u>2:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Fred W. Link, M.D.</u>				23b. ADDRESS <u>Kansas City - Mo.</u>		23c. DATE SIGNED <u>2-25-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Feb 26, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u> </u>		24d. LOCATION (City, town, or county) (State) <u> </u>	
DATE REC'D BY LOCAL REG. <u>Feb. 26 54</u>		REGISTRAR'S SIGNATURE <u> </u>		25. FUNERAL DIRECTOR'S SIGNATURE <u> </u>		ADDRESS <u> </u>	

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

7000

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 *W. J. Shelton*

Licensed Embalmer No. 4700

P. O. Address Independence,

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.