

FILED FEB 4 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1379

State File No.

BIRTH NO. 8617-55 REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 331

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. LENGTH OF STAY (in this place) 1 hr.	c. CITY OR TOWN Independence
d. FULL NAME OF HOSPITAL OR INSTITUTION Sanitarium		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 749½ E. Walnut		70050	
3. NAME OF DECEASED (Type or Print) a. (First) Baby girl b. (Middle) Kristina Sue c. (Last) Stevenson			4. DATE OF DEATH (Month) (Day) (Year) Jan. 25, 1955
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) infant	8. DATE OF BIRTH Jan. 25, 1955
9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	IF UNDER 24 HRS. Hours 1 Min. 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and State or Foreign Country) Independence, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Lewis J. Stevenson	
13b. MOTHER'S MAIDEN NAME Darlene Wallenberg		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Lewis J. Stevenson, Independence, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity (5½ months gestation) ANTECEDENT CAUSES Morbidity 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.	
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) 7760 X	
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 10:15 AM 1955 , to 11:30 AM, 1955 , that I last saw the deceased alive on 11:20 AM 1955 , and that death occurred at 11:20 AM , from the causes and on the date stated above.			
23a. SIGNATURE Gerritt A. Mangels, M.D.		23b. ADDRESS 11717 East 23rd, Independence	23c. DATE SIGNED 1/25/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/26/55	24c. NAME OF CEMETERY OR CREMATORY Md. Grove Cem.	24d. LOCATION (City, town, or county) (State) Independence, Mo.
DATE REC'D BY LOCAL REG. 1-26-55	REGISTRAR'S SIGNATURE J. M. [Signature]	FUNERAL DIRECTOR'S SIGNATURE J. C. [Signature] ADDRESS Independence, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 Not Embalmed, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed Charles E. Schroed

Licensed Embalmer No. 474

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.