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FILED DEC 23 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40905**  
Registrar's No. **5098**

BIRTH NO. _____		REG. DIST. NO. <b>749</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>5098</b>		
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>				
b. CITY OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>49 YEARS</b>		c. CITY OR TOWN <b>Kansas City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Luke's Hospital</b>				STREET ADDRESS (If rural, give location) <b>4842 Charlotte STREET</b>				
3. NAME OF DECEASED (Type or Print) <b>Donald MORGAN Steventon</b>			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <b>11-20-55</b>		(Month) (Day) (Year)		5. SEX <b>MALE</b>		6. COLOR OR RACE <b>White</b>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>2-15-01</b>		9. AGE (In years last birth) <b>54</b>		IF UNDER 1 YEAR: Months _____ Days _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>EXECUTIVE MGR. BRONZEAGE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>U.S. FIRE MARINE INS.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>COVINGTON, KENTUCKY</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>CALEB JOHN STEVENTON</b>		13b. MOTHER'S MAIDEN NAME <b>NINA MORGAN</b>		14. NAME OF HUSBAND OR WIFE <b>MRS. BEE G. STEVENTON</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>YES</b>		16. SOCIAL SECURITY NO. <b>495-03-5600</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. BEE G. STEVENTON</b>		ADDRESS <b>4842 CHARLOTTE ST. KANSAS CITY, MO.</b>		
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) <b>Coronary thrombosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>		
		ANTECEDENT CAUSES Morbid 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.				<b>4201</b>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <b>8/10/54</b> to <b>11/20/55</b> , that I last saw the deceased alive on <b>11/20/55</b> , and that death occurred on <b>11/20/55</b> P.M., from the causes and on the date stated above.								
23a. SIGNATURE <b>Allen H. ...</b>				23b. ADDRESS <b>... Kansas City, Mo.</b>		23c. DATE SIGNED <b>11/21/55</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>Nov-23-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Moriah Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>		
DATE REC'D BY LOCAL REG. <b>11-23-55</b>		REGISTRAR'S SIGNATURE <b>... Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>D.H. Newcomer's Sons</b>		ADDRESS <b>1331 BAUSH CREEK KANSAS CITY, MO.</b>		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
James A. Jarvis

DEC 23 1958

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.....  
Signature of Student Embalmer

Signed *John B Lewis*  
Licensed Embalmer No. 497

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