

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

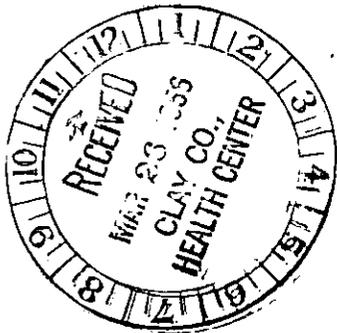
State File No. ....

FILED APR 2 - 1956

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

6.300  
0.48

BIRTH NO. _____		REG. DIST. NO. <u>73</u>		PRIMARY REG. DIST. NO. <u>4132</u>		Registrar's No. <u>28</u>	
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>			
b. CITY (If outside corporate limits, give rural and give township) <u>Holt</u>		c. LENGTH OF STAY (In this place) <u>years</u>		c. CITY OR TOWN <u>Holt</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>6 1/2 St</u>			
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Lon</u> b. (Middle) <u>Otto</u> c. (Last) <u>Stevens</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 14 1956</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>June 15 1891</u>	
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Clinton Co Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Stevens</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Barnes</u>		14. NAME OF HUSBAND OR WIFE <u>Ida</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John K. Wilhoit, Kansas City</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unknown</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS <u>Body found 3/17/56 - moderate decomposition. Conditions contributing to the death but not related to the disease or condition causing death. Death possibly due to cardiac failure.</u>		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) <u>7824</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>D.S. Pate M.D. (Coroner)</u>				23b. ADDRESS <u>7 North Kansas City Mo.</u>		23c. DATE SIGNED <u>3/20/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Mar. 19 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Antioch Cem</u>		24d. LOCATION (City, town, or county) (State) <u>1 1/2 mi E. Holt Mo</u>	
DATE REC'D BY LOCAL REG. <u>March 22 1956</u>		REGISTRAR'S SIGNATURE <u>Mabel Graham</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leonard Roy Kearney Mo</u>			



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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.....  
Signature of Student Embalmer

Signed *C. N. Wise*.....

Licensed Embalmer No. *257*.....

P. O. Address *Smithville*.....

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.