

FILED APR 18 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH13508  
State File No. 1347

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1347</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Linn</u>			
b. CITY OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>1 1/2 mo</u>		c. CITY OR TOWN <u>La Cygne</u>		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 <u>St Lukie Hospital</u>				STREET ADDRESS (If rural, give location) <u>810 9</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EVA</u> b. (Middle) <u>Marie</u> c. (Last) <u>STEPHENSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 28 56</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>4-28-05</u>		9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Store Keeper</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Rockville Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Wm. Augustus Stephen</u>			13b. MOTHER'S MAIDEN NAME <u>Rose &amp; May Wherley</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or known) (If yes, give war or dates of service) <u>yes</u>		16. SOCIAL SECURITY NO. <u>489-26-1978</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Wm. Stephenson</u>			ADDRESS <u>La Cygne, Kan.</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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Ovary</u> ANTECEDENT CAUSES Morbidity 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 <u>5 mo.</u> <u>1754</u> <u>3 yrs!</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Diabetes Mellitus</u>					20. AUTOPSY? YES <input checked="" 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) (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 <u>Feb 14, 1956</u> to <u>March 28, 1956</u> , that I last saw the deceased alive on <u>March 28, 1956</u> and that death occurred at <u>1:33 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>M.G. Berry</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>315 Nichols St. Kansas City</u>		23c. DATE SIGNED <u>March 28 56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-28-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>La Cygne, Kans.</u>		
DATE REC'D BY LOCAL REG. <u>3-28-56</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Manfred Ernest Sevin</u> ADDRESS <u>La Cygne, Kan.</u>			

(Licensed Embalmer's Statement of 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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No. 49

P. O. Address.....  
L. A. Agne,

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.