Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Harry K. Cohen

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 25 1957

STATE FILE NUMBER 13434

Registration District No. 149 Primary Registration District No. 002 Registrar's No. 1564

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah — Length of stay in 1b 37 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson.
c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 3532 Michigan (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Ann Middle: Catherine Last: Steventon

4. DATE OF DEATH Month: April Day: 1 Year: 1957.

5. SEX Female

6. COLOR OR RACE White

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH 1895

9. AGE (In years last birthday) 61 — 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) Resturant owner

10b. KIND OF BUSINESS OR INDUSTRY Resturant

11. BIRTHPLACE (City and state or country) Whitecloud, Mich.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Allers

14. MOTHER'S MAIDEN NAME ? Frieberg.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT (Address) 3532 Michigan — Mr. George E. Steventon.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma of colon — 2 yrs.
DUE TO (c) — 153 X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec '54 to 4-1-57 and last saw her/him alive on Mar 19 '57
Death occurred at 11:55 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Harry K. Cohen (Degree or title) M.D. — **22b. ADDRESS** 218 Argyle Bldg — **22c. DATE SIGNED** 4-3-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial. — **23b. DATE** April 5, 1957 — **23c. NAME OF CEMETERY OR CREMATORY** Mt. Moriah Cemetery — **23d. LOCATION** (City, town, or county) Kansas City (State) Missouri

24. FUNERAL DIRECTOR Muehlebach — **ADDRESS** 6800 Troost — **25. DATE RECD. BY LOCAL REG.** 4-3-57 — **26. REGISTRAR'S SIGNATURE** Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

KP 2

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Richard E. Nichols

Licensed Embalmer No. 499

P. O. Address 6600 Troost
K.C. Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.