

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

24847
 STATE FILE NUMBER 3470
 Registrar's No.

FILED AUG 12 1957

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR KANSAS CITY TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
0 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		Length of stay in lb 24 YEARS	18 b STREET ADDRESS 2718 FERRY		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First FRANK Middle M. Last STEPHENS			4. DATE OF DEATH Month JULY Day 21 Year 1957		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-12-89	9. AGE (In years last birthday) 67 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) SUPPLY CLERK - RETIRED - GENRAL		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) WILLOW SPRINGS, MO.	
13. FATHER'S NAME William T. Stephens			14. MOTHER'S MAIDEN NAME FLORENCE D. PATTERSON		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW I		16. SOCIAL SECURITY NO. 496-05-4173		17. INFORMANT Address Official Records, VA Hospital, K.G., Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary edema and congestion					INTERVAL BETWEEN ONSET AND DEATH 491X
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____					
DUE TO (c) Bronchopneumonia, diffuse, all lobes					
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
VA					
21. Attended the deceased from July 15, 1957 to July 21, 1957 7/15/57 7/16/57 7/17/57 7/18/57 7/19/57 7/20/57 7/21/57 7/22/57 7/23/57 7/24/57 7/25/57 7/26/57 7/27/57 7/28/57 7/29/57 7/30/57 7/31/57 8/1/57 8/2/57 8/3/57 8/4/57 8/5/57 8/6/57 8/7/57 8/8/57 8/9/57 8/10/57 8/11/57 8/12/57 8/13/57 8/14/57 8/15/57 8/16/57 8/17/57 8/18/57 8/19/57 8/20/57 8/21/57 8/22/57 8/23/57 8/24/57 8/25/57 8/26/57 8/27/57 8/28/57 8/29/57 8/30/57 8/31/57 9/1/57 9/2/57 9/3/57 9/4/57 9/5/57 9/6/57 9/7/57 9/8/57 9/9/57 9/10/57 9/11/57 9/12/57 9/13/57 9/14/57 9/15/57 9/16/57 9/17/57 9/18/57 9/19/57 9/20/57 9/21/57 9/22/57 9/23/57 9/24/57 9/25/57 9/26/57 9/27/57 9/28/57 9/29/57 9/30/57 10/1/57 10/2/57 10/3/57 10/4/57 10/5/57 10/6/57 10/7/57 10/8/57 10/9/57 10/10/57 10/11/57 10/12/57 10/13/57 10/14/57 10/15/57 10/16/57 10/17/57 10/18/57 10/19/57 10/20/57 10/21/57 10/22/57 10/23/57 10/24/57 10/25/57 10/26/57 10/27/57 10/28/57 10/29/57 10/30/57 10/31/57 11/1/57 11/2/57 11/3/57 11/4/57 11/5/57 11/6/57 11/7/57 11/8/57 11/9/57 11/10/57 11/11/57 11/12/57 11/13/57 11/14/57 11/15/57 11/16/57 11/17/57 11/18/57 11/19/57 11/20/57 11/21/57 11/22/57 11/23/57 11/24/57 11/25/57 11/26/57 11/27/57 11/28/57 11/29/57 11/30/57 12/1/57 12/2/57 12/3/57 12/4/57 12/5/57 12/6/57 12/7/57 12/8/57 12/9/57 12/10/57 12/11/57 12/12/57 12/13/57 12/14/57 12/15/57 12/16/57 12/17/57 12/18/57 12/19/57 12/20/57 12/21/57 12/22/57 12/23/57 12/24/57 12/25/57 12/26/57 12/27/57 12/28/57 12/29/57 12/30/57 12/31/57					
Death occurred at 3:00 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J. A. TURNER, M.D. (Degree or title)			22b. ADDRESS M. D. VA Hospital, K.G., Mo.		22c. DATE SIGNED 7-22-57
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE JULY 23 1957	23c. NAME OF CEMETERY OR CREMATORY WILLOW SPRINGS CEMETERY		23d. LOCATION (City, town, or county) (State) WILLOW SPRINGS MISSOURI
24. FUNERAL DIRECTOR DW. NEWCOMER SONS ADDRESS 1331-BRUSH CREEK, KANSAS CITY, MISSOURI			25. DATE RECD. BY LOCAL REG. 7-23-57		26. REGISTRAR'S SIGNATURE Neva Minshall

SEP 6 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by Student Embalmer No.....
working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed *Chester K Braem*

Licensed Embalmer No. 47

P. O. Address *K C*

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

