

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER
3393

FILED AUG 12 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3393

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If in institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Downtown Hospital</u>		Length of stay in 1b <u>7 years</u>	
		STREET ADDRESS (If outside, give location) <u>1636 Broadway</u>	
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Porter</u> Middle <u>Lee</u> Last <u>Stevens</u>			4. DATE OF DEATH Month <u>July</u> Day <u>18</u> Year <u>1957</u>		
--	--	--	--	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb 10 1900</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.
--------------------	-------------------------------	---	-------------------------------------	---	-----------------	------------------

10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Amputation</u>	11. BIRTHPLACE (City and state or country) <u>Urich Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	---	--

13a. FATHER'S NAME <u>Grant Stevens</u>	13b. MOTHER'S MAIDEN NAME <u>Nova Ella Carver</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Stevens</u>
---	---	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>500-10-5764</u>	17. INFORMANT <u>Mary Stevens</u> Address <u>1636 Broadway K.C. Mo.</u>
---	--	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinomatosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u> <u>1817.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Primary carcinoma of bladder, urinary.</u> DUE TO (c) _____		
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 _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT <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
---	---	--	------------------------------	--------	-------

21. I attended the deceased from <u>9/18/54</u> to <u>7/18/57</u> and last saw her alive on <u>7/17/57</u> Death occurred at <u>7:59 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>S. Robert Negro, M.D.</u>	22b. ADDRESS <u>1222 McGee Street, Kansas City, Mo.</u>	22c. DATE SIGNED <u>7/18/57</u>
---	---	---------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>7-19-57</u>	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) <u>Urich, Missouri</u>
--	--------------------------	------------------------------------	--

24. FUNERAL DIRECTOR <u>Brown Mortuary, Urich Mo.</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>7-19-57</u>	26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>
---	---	--

(Licensed Embalmer's Statement on Reverse Side)

F. Robert Negro USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION

100
1-1-1988

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 R. Sedmo*

Licensed Embalmer No. *4531*

P. O. Address *Kansas City*



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.