t. Health,
, & Welfare
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THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-033013
STATE FILE NUMBER

FILED SEP 16 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4017

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Kansas City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Trinity Lutheran Hospital — Length of stay in 1b: 55 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 [X] No [ ]
d. STREET ADDRESS (If outside, give location): 101 E. 36th — Reside on Farm: Yes [ ] No [X]

**3. NAME OF DECEASED** (Type or print): First: Harry Middle: G. Last: Stephens

**4. DATE OF DEATH**: Month August Day 19 Year 1958

**5. SEX**: Male

**6. COLOR OR RACE**: White

**7.** MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

**8. DATE OF BIRTH**: July 12, 1881

**9. AGE** (In years last birthday): 77 — 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): Printer

**10b. KIND OF BUSINESS OR INDUSTRY**: K. C. Star

**11. BIRTHPLACE** (City and state or country): High Point, Mo.

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

**13a. FATHER'S NAME**: William Stephens

**13b. MOTHER'S MAIDEN NAME**: Belle Gillespie

**14. NAME OF HUSBAND OR WIFE**: Elva M. Stephens

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

**16. SOCIAL SECURITY NO.**: 486-10-5430

**17. INFORMANT** Address: Miss Ardene Stephens, Evanston, Illinois

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): Septicemia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Urinary Extravasation
DUE TO (c): perineal abscess - Carcinoma of prostate
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 177.2

INTERVAL BETWEEN ONSET AND DEATH:

**19. WAS AUTOPSY PERFORMED?** YES [X] NO [ ]

**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 8-18-58, to 8-19-58 and last saw ~~him~~ him alive on 8-19-58
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): Burnell W. Andrews M.D.

**22b. ADDRESS**: 4620 Nichols Pkwy KC Mo.

**22c. DATE SIGNED**: 8/20/58

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**23b. DATE**: August 21, 1958

**23c. NAME OF CEMETERY OR CREMATORY**: Forest Hill Cemetery

**23d. LOCATION** (City, town, or county) (State): Kansas City, Missouri

**24. FUNERAL DIRECTOR** ADDRESS: Mellody-McGilley-Eylar Funeral Home, Woodland-Linwood

**25. DATE RECD. BY LOCAL REG.**: 8-20-58

**26. REGISTRAR'S SIGNATURE**: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Bernell W. Andrews

~~Dr. Bernard [illegible]~~
~~4620 J. C. [illegible]~~
~~[illegible] 1-7612~~

SO 1-7612

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. 2959

P. O. Address ..... KC

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.