

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-036636  
STATE FILE NUMBER

FILED NOV 7 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4907

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 TOWN KANSAS CITY		g. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RIVIERA APTS 229 WARD PKWY.		d. STREET ADDRESS RIVIERA APTS 229 WARD PARKWAY	
3. NAME OF DECEASED (Type or print) First Middle Last OLIVE JANE STEPHENSON		4. DATE OF DEATH Month Day Year OCTOBER-16-1958	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APRIL 22, 1868
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME MAKER - AT HOME DOMESTIC		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 90
11. BIRTHPLACE (City and state or country) HARRISON COUNTY MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME AMULEK BOOTHE		13b. MOTHER'S MAIDEN NAME MARY ANN GILLIAND	
14. NAME OF HUSBAND OR WIFE WILLIAM E. STEPHENSON		Address 229 WARD PKWY.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT MRS. CLELLA PEAK-KANSAS CITY, MISSOURI		Address 229 WARD PKWY.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>arteriosclerotic cardiovascular disease with congestive failure</i> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Pneumonia rt. lung</i>			INTERVAL BETWEEN ONSET AND DEATH <i>years</i>
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 <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 <i>1-18-58</i> to <i>10/16/58</i> and last saw her alive on <i>10/15/58</i> Death occurred at <i>3:00 A.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>James R. McWay M.D.</i>		22b. ADDRESS <i>814 W.F.W. Bldg</i>	
22c. DATE SIGNED <i>10/16/58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) SERIAL	23b. DATE <i>OCT. 18-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>MASONIC CEMETERY</i>	23d. LOCATION (City, town, or county) (State) <i>EAGLEVILLE MISSOURI</i>
24. FUNERAL DIRECTOR <i>D.W. NEWCOMER'S SONS</i>		25. DATE RECD. BY LOCAL REG. <i>10-17-58</i>	26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE



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 *Thomas W. Thorne* .....

Licensed Embalmer No. *4889* .....

P. O. Address *T.C. 7/0* .....

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.