Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-036637
STATE FILE NUMBER 4950

FILED NOV 7 1958 Registration District No. 149 Primary Registration District No. 1001 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION 11th & Harrison — Length of stay ~~34 yrs~~

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Independence 7005 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1125 No. Lynn — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First ARTHUR Middle J. Last STEVENSON

4. DATE OF DEATH Month Oct. Day 19, Year 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Sept. 26, 1877
9. AGE (In years last birthday) 81 — 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) ~~Carptnctr~~ Carpenter
10b. KIND OF BUSINESS OR INDUSTRY self-employed
11. BIRTHPLACE (City and state or country) Pleasant Hill, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Stevenson
13b. MOTHER'S MAIDEN NAME ~~John Stevenson~~ Martha Parpley
14. NAME OF HUSBAND OR WIFE Grace L. Stevenson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. None
17. INFORMANT Address Grace Stevenson, 1125 No. Lynn, Indep., Mo.

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) CARDIAC ARREST
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CORNARY THROMBOSIS
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: Eight days.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 119 A1
19. WAS AUTOPSY PERFORMED? YES [ ] 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 OCT 11, 1958, to OCT 19, 58 and last saw her/him alive on OCT 19, 1958
Death occurred at 6:15 PM ~~10-19-58~~ on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Alwyn F. Lewis (Degree or title) D.O.
22b. ADDRESS 2201 W. LEXINGTON INDEPENDENCE, MO
22c. DATE SIGNED 10-20-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-22-58
23c. NAME OF CEMETERY OR CREMATORY Mound Grove Cemetery
23d. LOCATION (City, town, or county) (State) Independence, Missouri

24. FUNERAL DIRECTOR ADDRESS Geo. C. Carson & Sons, Indep., Mo.
25. DATE RECD. BY LOCAL REG. 10-20-58
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Alwyn F. Lewis

Cl 2-7900

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 Dean N. Huff

Licensed Embalmer No. 4914

P. O. Address Tarkio, Mo.

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.