

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040217

STATE FILE NUMBER
5444

FILED DEC 8 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5444

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Kansan City TOWN Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN 1215 BENTON Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen Hospital # 1		d. STREET ADDRESS (If outside, give location) Home City Mo Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Frank Middle Stedman Last		4. DATE OF DEATH Month 11 Day 15 Year 58	
5. SEX Male	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 6-19-1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DEP. SHERIFF		10b. KIND OF BUSINESS OR INDUSTRY JACKSON County	11. BIRTHPLACE (City and state or country) St. JOSEPH Mo.
12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME FRANK W. STEDMAN	
13b. MOTHER'S MAIDEN NAME ANN McCUNE		14. NAME OF HUSBAND OR WIFE AGNES HARVEY STEDMAN	
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. 325-05-3139	17. INFORMANT Mrs. Sue Phillips Address 1215 BENTON
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gen. Carcinomatosis II			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Primary site in liver			
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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 11-15-58 11-15
21. I attended the deceased from 10-13-58 to 10-15-58 and last saw her/him alive on 10-15-58 Death occurred at 2:20 A M on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Abraham Gelperin		22b. ADDRESS KCMO Sen-Hoop	22c. DATE SIGNED 11-16-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11-17-58	23c. NAME OF CEMETERY OR CREMATORY MT. OLIVEY	23d. LOCATION (City, town, or county) (State) KANSAS CITY MO
24. FUNERAL DIRECTOR ADDRESS Sheil Funeral Home Kc. Mo		25. DATE RECD. BY LOCAL REG. 11-17-58	26. REGISTRAR'S SIGNATURE neva minshall

Abraham Gelperin M.D. ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Harold P. R. R. R.*

Licensed Embalmer No. *4998*

P. O. Address

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.