

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021711

FILED JUL 13 1959

Registration District No. 149 Primary Registration District No. 1002 STATE FILE NUMBER 3157 Registrar's No. 3157

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If 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>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>KANSAS CITY</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If not in hospital/home) HOSPITAL OR INSTITUTION <u>416 E 36th STREET</u>		Length of stay in lb <u>30 YRS.</u>	d. STREET ADDRESS (If outside, give location) <u>8413 OLIVE STREET</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>EDITH L. STEVENSON</u>			4. DATE OF DEATH Month Day Year <u>JUNE 28, 1989</u>		
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MARCH 14, 1868</u>	9. AGE (In years last birthday) <u>91 YRS.</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	11. BIRTHPLACE (City and state or country) <u>TRAVIS CITY, MICH.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>FELIX RANDELL</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH LEE</u>		14. NAME OF HUSBAND OR WIFE <u>WALTER T. STEVENSON</u>	
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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>NONE</u>	17. INFORMANT <u>CRAIG STEVENSON</u>	Address <u>WICHITA, KA, 640 LIGHTNER DR.</u>
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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>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Hypertension - old age</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) <u>4201</u>		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 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
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21. I attended the deceased from Sept 1958 to 6/28/59 and last saw her alive on 6/27/59
Death occurred at 416 East 36th 9.15 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>J. J. Farnsworth M.D.</u>	(Degree or title) <u>D</u>	22b. ADDRESS <u>1103 Grand K.C. Mo</u>	22c. DATE SIGNED <u>6/28/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>JUNE 29, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW CEM</u>	23d. LOCATION (City, town, or county) (State) <u>GREENSBURG, KANSAS.</u>
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24. FUNERAL DIRECTOR <u>DW Neesmeier's Sons</u>	ADDRESS <u>N. E. MO</u>	25. DATE RECD. BY LOCAL REG. <u>6-28-59</u>	26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>
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Doctor, coroner, etc. must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. MEDICAL CERTIFICATION. J. J. Farnsworth

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 *Regan Fuller*

Licensed Embalmer No. *4818*

P. O. Address *RC 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.