

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014132  
STATE FILE NUMBER

AMENDED

Registration District No. 150 Primary Registration District No. 4239 Registrar's No. 37

FILED MAY 10 1961

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lee's Summit</b>		c. CITY OR TOWN <b>Lee's Summit</b>	
Length of stay in 1b. <b>50 Yrs.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Eckhart Nursing Home</b>		d. STREET ADDRESS (If outside, give location) <b>207 East 3rd, Street</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Nelle</b> Middle <b>A.</b> Last <b>Stephens</b>	4. DATE OF DEATH Month <b>May</b> Day <b>2</b> Year <b>1961</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5-2-1881</b>	9. AGE (last birthday) <b>80</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HR Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Lone Jack, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U S A</b>
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13a. FATHER'S NAME <b>Jacob Yankee</b>	13b. MOTHER'S MAIDEN NAME <b>Frnnie Stinson</b>	14. NAME OF HUSBAND OR WIFE <b>A. C. Stephens (Dec.)</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Laura F. Bledsoe, Lee's Summit Mo.</b>
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Ventricular Fibrillation</b>		<b>17 min</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Cardiac decompensation</b>	<b>3 mo.</b>
	DUE TO (c) <b>Generalized arteriosclerosis</b>	<b>5 years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

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.)
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20c. TIME OF INJURY Hour <b>7:15</b> Month, Day, Year <b>Sept, 1959</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <b>Sept, 1959</b> to <b>May 2, 1961</b> and last saw her alive on <b>5/2/61</b> Death occurred at <b>7/5/61</b> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>William J. Rhode D.O.</b>	22b. ADDRESS <b>Lee's Summit Mo.</b>	22c. DATE SIGNED <b>5/3/61</b>
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23a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5/4/1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lee's Summit Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Lee's Summit Mo.</b>
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24. FUNERAL DIRECTOR ADDRESS <b>Langsford Funeral Home Lee's Summit Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>5/4/61</b>	26. REGISTRAR'S SIGNATURE <b>W.B. Angelford</b>
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

**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 W. B. Langford

Licensed Embalmer No. 3833

P. O. Address Fees Summary

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.