

FILED MAR 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5231

State File No.

BIRTH NO. REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 64

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, write RURAL and give town) Independence		c. CITY (If outside corporate limits, write RURAL and give township) Independence	
c. LENGTH OF STAY (In this place) 20 Hours		d. STREET ADDRESS (If rural, give location) 801 East Lexington	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Independence Sanitarium			

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) EDWARD c. (Last) STEVENS			4. DATE OF DEATH (Month) (Day) (Year) Feb. 23, 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 7, 1884	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 11 Days 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Florist		10b. KIND OF BUSINESS OR INDUSTRY Florist	11. BIRTHPLACE (State or foreign country) Czecho-Slovakia	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Joseph Stevens	13b. MOTHER'S MAIDEN NAME Ann Bohinek	14. NAME OF HUSBAND OR WIFE Katherine E. Stevens
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 495-07-6931	17. INFORMANT'S SIGNATURE OR NAME Mrs. Katherine E. Stevens	ADDRESS Indep., Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Failure		INTERVAL BETWEEN ONSET AND DEATH 1 month
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardium		
	DUE TO (c) not		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus			3 or 4 years

19a. DATE OF OPERATION 12/1/47	19b. MAJOR FINDINGS OF OPERATION Heart & aorta great right ventricle and left below the tubes and right at upper portion in lower 1/3 of tube one year ago		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Sept, 1947, to Feb. 23, 1949, that I last saw the deceased alive on Feb. 23, 1949, and that death occurred at 11:40 AM, from the causes and on the date stated above.

23a. SIGNATURE B. H. Allen (Degree or title) M. D. U.	23b. ADDRESS First Natl. Bank, Indep., Mo.	23c. DATE SIGNED 2/25/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/26/49	24c. NAME OF CEMETERY OR CREMATORY Forest Hill	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri.
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DATE REC'D BY LOCAL REG. Feb 24-1949	REGISTRAR'S SIGNATURE [Signature] 354	25. FUNERAL DIRECTOR'S SIGNATURE Roland R. Speaks	ADDRESS Independence, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 27 1950

MAR 4 1949

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.

Signed Stanley M. Seaton

Signed _____
Student Embalmer

Licensed Embalmer No. 4504

P. O. Address Indep. 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 this body is not embalmed, fact should be so stated above.