

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12705

State File No. _____

1585

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1001</u>		Registrar's No. _____			
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> <u>11</u> ✓					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> <u>1</u> ^{township}		c. LENGTH OF STAY (in this place) <u>3 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> <u>1</u> ✓					
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>General Hospital No. 1</u>				d. STREET ADDRESS (If rural, give location) <u>3040 Grand</u> <u>0</u>					
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Thomas</u>		b. (Middle) <u>Stephens</u>		c. (Last)		
4. DATE OF DEATH		(Month) <u>4</u>		(Day) <u>8</u>		(Year) <u>1949</u>			
5. SEX <u>male</u> <u>0</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> <u>1</u>		8. DATE OF BIRTH <u>April 18, 1862</u>		9. AGE (In years last birthday) <u>86</u>	
IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 year Hours		IF UNDER 1 year Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Jackson County, Mo.</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>America</u>	
13a. FATHER'S NAME <u>Andrew Stephens</u>			13b. MOTHER'S MAIDEN NAME <u>Sallie Bruen</u>			14. NAME OF HUSBAND OR WIFE <u>Mary A. Stephens</u>			
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'S SIGNATURE OR NAME <u>Mrs. Mary A. Stephens, Kansas City, Mo.</u>				ADDRESS	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) <u>4201</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>Mesenteric thrombosis</u>						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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) m.		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 <u>April 7, 1949</u> , to <u>April 8, 1949</u> , that I last saw the deceased alive on <u>April 8, 1949</u> , and that death occurred at <u>9:20A. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Wm. W. Hart</u> (Degree or title)				23b. ADDRESS <u>Med. Dir. Gen'l Hosp.</u>			23c. DATE SIGNED <u>4-8-49</u>		
24a. BURIAL CREMATION (Specify) <u>burial</u>		24b. DATE <u>4-9-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>		24d. LOCATION (City, town, or county) (State) <u>Independence, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>4-9-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>			FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Caron</u> ADDRESS <u>Independence, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Hanks

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 *Donald W. Hanks*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *4528*.....

P. O. Address *Independence, Missouri*.....

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.