

FILED AUG 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26855

3452

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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 township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 18 mos		d. STREET ADDRESS (If rural, give location) 5711 St. John	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1			

3. NAME OF DECEASED (Type or Print) a. (First) Mary	b. (Middle) Clevenger	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 8 10 1949
---	------------------------------	-----------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan 17 1875	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 11 HRS. Hours	IF UNDER 11 HRS. Mins.
----------------------	-------------------------------	---	-------------------------------------	---	---------------------------	--------------------------	---------------------------	---------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
--	-----------------------------------	---	---

13a. FATHER'S NAME Hamilton Stevens	13b. MOTHER'S MAIDEN NAME Canby Wells	14. NAME OF HUSBAND OR WIFE unknown
--	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give branch or dates of service) at home	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Geo. Richard ADDRESS Kas. City, Mo.
---	-----------------------------------	---

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation		INTERVAL BETWEEN ONSET AND DEATH 2 mos.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture left hip 4200		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) At home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City, Jackson, Missouri
--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6 10 49 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fall on stairs
--	---	---

22. I hereby certify that I attended the deceased from **June 10, 1949, to Aug. 10, 1949**, that I last saw the deceased alive on **Aug. 10, 1949**, and that death occurred at **9 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE Wm. W. Hart (Degree or title)	23b. ADDRESS Med. Dir. Gen'l Hosp.	23c. DATE SIGNED 8-10-49
---	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Aug 10 - 49	24c. NAME OF CEMETERY OR CREMATORY Rose Hill	24d. LOCATION (City, town, or county) (State) Brookfield MO
--	------------------------------	---	--

DATE REC'D BY LOCAL REG. 8-11-49	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Mr. C. L. Foster ADDRESS Kas. City, Mo.
---	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

D. Thompson



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
Student Embalmer

Signed.....

JOE B. Yoder

Licensed Embalmer No. *4173*

P. O. Address *K. C. 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.