

FILED JUN 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20487  
2556

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 town) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (In this place) 65 yrs		d. STREET ADDRESS (If rural, give location) 4029 Walnut	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4029 Walnut			

3. NAME OF DECEASED (Type or Print) a. (First) David b. (Middle) J c. (Last) Stephenson			4. DATE OF DEATH (Month) (Day) (Year) June 6, 1950		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH June 15, 1868		9. AGE (In years last birthday) 81		10. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer			11. BIRTHPLACE (State or foreign country) Missouri		
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Geo. W. Stephenson		13b. MOTHER'S MAIDEN NAME Frances Moody		14. NAME OF HUSBAND OR WIFE Rebecca Stephenson, deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Mrs. C. M. Jones, 4029 Walnut, K.C. Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 1 hr.
ANTECEDENT CAUSES		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
DUE TO (b) Hypertension		3 yrs
DUE TO (c) senility		15 yrs
II. OTHER SIGNIFICANT CONDITIONS		4201
Conditions contributing to the death but not related to the disease or condition causing death. No		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION No		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		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) No		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 June 1948, to June 6, 1950, that I last saw the deceased alive on June 1950, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE M. B. Casbolt (Degree or title) M.B. Casbolt MD		23b. ADDRESS 4000 Baltimore		23c. DATE SIGNED 6/7/50	
24a. BURIAL CREMATION (REMOVAL) (Specify) Burial		24b. DATE 6-8-50		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	
				24d. LOCATION (City, town, or county) (State) Kansas City, Kansas	

DATE REC'D BY LOCAL REG. 6-8-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE, Kansas City, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

Wm. M. B. Coe  
4000 Walnut

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*A. J. Allen*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *1415*

P. O. Address *B. C. M.*

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.