

FILED JUL 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23362**

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 97

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 Prarie Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Prarie Township	
c. LENGTH OF STAY (in this place) 8 Yrs		d. STREET ADDRESS (If rural, give location) Jackson County Home	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Home			
3. NAME OF DECEASED (Type or Print) a. (First) Cecil		b. (Middle) _____ c. (Last) Stevenson	
4. DATE OF DEATH (Month) (Day) (Year) July 18 1951			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Feb. 11 1885
9. AGE (In years last birthday) 66-75		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brakeman, Wabash Rwy.		10b. KIND OF BUSINESS OR INDUSTRY Retired	
11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Stevenson		13b. MOTHER'S MAIDEN NAME Emma Coffman	
14. NAME OF HUSBAND OR WIFE No Record			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Mr Emerson Paton		ADDRESS Kansas City, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Myocardial infarction		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis	
		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH year year	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		42.00	
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 March 9, 1951 , to July 18, 1951 , that I last saw the deceased alive on July 17, 1951 , and that death occurred at 7:30 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE W. H. Johnson		23b. ADDRESS North Bank Bldg, Independence, Mo.	
23c. DATE SIGNED 7/19/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 20 1951	
24c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 7-19-51		REGISTRAR'S SIGNATURE Donald C. Eamshaw	
25. FUNERAL DIRECTOR'S SIGNATURE Mrs. C. L. Forster		ADDRESS Kansas City, Missouri	

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

480
5

Aug 20 1951
HC 5-10-51

RECEIVED 9 2 1968

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

Joe B. Yoder

Signed.....
Student Embalmer

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.

Amendments containing erasures will not be accepted; draw one line through error and write above it.

State of Missouri }
County of Jackson } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 23362

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 97

On this 30 day of July, 1951, before me appears Hou H. Clark, who, upon his oath, states that the original record of ~~birth~~ death for Cecil Stevenson died July 18, 1951, in the State of Missouri, and which was filed at Lee's Summit, Mo. on July 19, 1951, should be corrected as follows:

Item No. 8 should read February 11, 1885
Instead of no record

Item No. 9 should read 66
Instead of 73

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.
(SEAL) Affiant Sen. A. Clark *Relationship

918 Brooklyn Kas. City -1-Mo.
Present Address.

Subscribed and sworn to before me this 30 day of July, 1951

My Commission expires June 18 1952
Geo E. Hunter Notary Public.