No. 300
10.48

FILED AUG 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27317

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 308

1. PLACE OF DEATH
a. COUNTY: Jackson 0485
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence
c. LENGTH OF STAY (In this place): 4 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Indep. Sanitarium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Blue Township 0480
d. STREET ADDRESS (If rural, give location): 11220 Perry 1

3. NAME OF DECEASED (Type or Print)
a. (First): Leland
b. (Middle): S.
c. (Last): Stevens

4. DATE OF DEATH (Month) (Day) (Year): Aug 20, 1951

5. SEX: Male O
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /
8. DATE OF BIRTH: Feb-23, 1905
9. AGE (In years at last birthday): 46 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Chiropractor
10b. KIND OF BUSINESS OR INDUSTRY: Chiropractor
11. BIRTHPLACE (State or foreign country): Missouri O
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Evan W. Stevens
13b. MOTHER'S MAIDEN NAME: Tempa Stevens
14. NAME OF HUSBAND OR WIFE: Margaret Stevens
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.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs Margaret Stevens — **ADDRESS**: 11220 Perry.

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) Tabo paresis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Terminal Hypostatic Pneumonia
DUE TO (c) Circulatory Failure

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
025X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 10, 1951, *to* Aug 20, 1951, *that I last saw the deceased alive on* Aug 20, 1951, *and that death occurred at* 12:00 Noon, *from the causes and on the date stated above.*

23a. SIGNATURE: Harold V. Woods (Degree or title) MD
23b. ADDRESS: Independence Mo
23c. DATE SIGNED: Aug 21 1951.
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 22, 1951
24c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cem.
24d. LOCATION (City, town, or county) (State): Butler, Mo
DATE REC'D BY LOCAL REG.: Aug 21-1951
REGISTRAR'S SIGNATURE: Elmer [illegible] 354
25. FUNERAL DIRECTOR'S SIGNATURE: Dixon L. Kepley — **ADDRESS**: Indep Mo

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 30 REC'D

FEB 8 1954

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 under~~ .....

.....,

working under my personal supervision.

Student Embalmer No. .....

Signed Dixon L. Kepley

Signed.....
Student Embalmer

Licensed Embalmer No. 4225

P. O. Address Independence 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.