

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8851

State File No.

1199

FILED MAR 31 1954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | |
| c. LENGTH OF STAY (in this place) <u>3 yrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>1308 Tracy</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1308 Tracy</u> | | No | |

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|---|------------------------------|--|---|---|---|
| 3. NAME OF DECEASED (Type or Print) <u>Katherine Stevenson</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>3-16-54</u> | | |
| a. (First) | b. (Middle) | | c. (Last) | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>Col.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> | 8. DATE OF BIRTH <u>Aug. 21, 1913</u> | | 9. AGE (In years last birthday) <u>40</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Gen. Domestic Work</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Houston, Texas</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | | |

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|---|--|--|--|--|--|
| 13a. FATHER'S NAME <u>Allen Coleman</u> | | 13b. MOTHER'S MAIDEN NAME <u>Jessie Williams</u> | | 14. NAME OF HUSBAND OR WIFE <u>Riley Stevenson, Div.</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>Unknown</u> | | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Jessie Jarrett/ 704 N. Clay St. Springfield, Mo.</u> | |

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|--|--|---|--|--|--|--|--|
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | <p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Fractures Right Lobe of Liver</u> ANTECEDENT CAUSES DUE TO (b) <u>Internal Hemorrhage</u> DUE TO (c) <u>Shock</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Shock</u> | | | | INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>CAD</u> | | | | | |

| | | | | | |
|---|--|---|--|--|--|
| 21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>accidental</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1308 Tracy</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson MO.</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Mar. 16 1954 8:15 A.M.</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Jumped from 2nd story window to avoid fire</u> | |

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

| | | | | | |
|--|--|------------------------------------|--|--|--|
| 23a. SIGNATURE <u>T.M. Tillman</u> (Degree or title) <u>Deputy Coroner</u> | | 23b. ADDRESS <u>1618 Lydia Ave</u> | | 23c. DATE SIGNED <u>3/16/54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>3/17/54</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln Memorial</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u> | | | | | |

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|---|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. <u>3-17-54</u> | | REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Vine West, Appleton & Jones, Inc., 1905/1</u> | |
|---|--|---|--|---|--|

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

0.300
0.48

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

Connelley Gladys Baker

Licensed Embalmer No. 4944

P. O. Address 1905 Vine St.

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.