No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22481

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 62

6000

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

1. PLACE OF DEATH
a. COUNTY: CLAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SMITHVILLE, MO.
c. LENGTH OF STAY (in this place): 15 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SMITHVILLE COMMUNITY HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO. b. COUNTY: CLAY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 5 Mi. NORTH EAST of SMITHVILLE
d. STREET ADDRESS (If rural, give location): 6000

3. NAME OF DECEASED (Type or Print)
a. (First): ELSIE b. (Middle): EVELYN c. (Last): STEPHENSON

4. DATE OF DEATH (Month) (Day) (Year): AUG. 3, 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: APR. 13, 1923
9. AGE (In years last birthday): 31 — IF UNDER 1 YEAR: Months 3, Days 15 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): KEARNEY, MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: ROBT. W. PEERY
13b. MOTHER'S MAIDEN NAME: MILLIE RAASCH
14. NAME OF HUSBAND OR WIFE: ANDREW THOS. STEPHENSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: [illegible]
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: MRS. MILLIE PEERY, TRIMBLE, MO., R.D

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): Shot Gun wound
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): left abdomen
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

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: E981X
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): CLAY MO.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8-3-'54 6: a.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 _____, 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 (Degree or title): D. S. Pate M.D. Coroner
23b. ADDRESS: North Kansas City, Mo.
23c. DATE SIGNED: 8/3/54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 8-5-1954
24c. NAME OF CEMETERY OR CREMATORY: EVERGREEN CEMETERY
24d. LOCATION (City, town, or county) (State): DE WITT, MO.

DATE REC'D BY LOCAL REG.: 8-5-54
REGISTRAR'S SIGNATURE: Marguerite Hudgens 494
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: McCOMAS FUNERAL HOME, SMITHVILLE, MO.

(Licensed Embalmer's Statement on Reverse Side)

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 Donald W. Hanks

Signed.....
Student Embalmer

Licensed Embalmer No. 4528

P. O. Address Smithville, 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.