

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34167
State File No.
4798
Registrar's No.

FILED NOV 5 - 1954

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4798</u>	
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. LENGTH OF STAY (In this place) <u>40 yrs</u>		c. CITY OR TOWN <u>Kansas City,</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4425 Troost</u>				STREET ADDRESS (If rural, give location) <u>63 4425 Troost</u> <u>3630</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Marie</u> b. (Middle) <u>Augusta</u> c. (Last) <u>Stevens</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 14 1954</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>July 19 1887</u>		9. AGE (In years last birthday) <u>67</u> 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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>St James Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Charles Plank</u>		13b. MOTHER'S MAIDEN NAME <u>No record</u>		14. NAME OF HUSBAND OR WIFE <u>Adolph Stevens</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>499-07-9697</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William Duchow 4425 Troost Kas. City, Mo.</u>			
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) <u>Feeling faint. Exam negative</u>						
*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, Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>to barbiturates</u> DUE TO (c) <u>Cause of death unknown.</u>						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<u>7955</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.) _____		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 _____, 19____, to _____, 19____, that I last saw the deceased <input checked="" type="checkbox"/> alive on _____, 19____, and that death occurred at <u>12:40 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Geo. C. Kealhofer</u> (Degree or title) <u>Deputy Coroner</u>				23b. ADDRESS <u>6627 Prospect St. Cass</u>		23c. DATE SIGNED <u>10-15-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 16, 1954.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>		
DATE REC'D BY LOCAL REG. <u>10-15-54</u>		REGISTRAR'S SIGNATURE <u>Merna Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs C.L. Forster Funeral Home Kas. City, Mo.</u>			

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

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.....
Signature of Student Embalmer

Signed *Dean Owens*.....

Licensed Embalmer No. *428*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.