

FILED NOV 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33556
State File No. 4712

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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 KANSAS CITY, MISSOURI		c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 3 MONTHS		e. STREET ADDRESS (If rural, give location) 37 2425 COLLEGE	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION COLLEGE CONVALESCENT HOME			

3. NAME OF DECEASED (Type or Print)	a. (First) ALICE	b. (Middle) BELL	c. (Last) STEPHENS	4. DATE OF DEATH (Month) (Day) (Year) NOVEMBER 1 1955
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JUNE 10, 1863	9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months 4 Days 21	IF UNDER 6 HRS. Hour Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and State or Foreign Country) BRUNSWICK, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George Kline	13b. MOTHER'S MAIDEN NAME Sallie Ann Roberts	14. NAME OF HUSBAND OR WIFE James E. Stephens (deceased)
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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. -	17. INFORMANT'S SIGNATURE OR NAME Lancie C. Stephens, son 113 S. Keeler, Olathe	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis.		1 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		332X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Aug 17, 1955, to Nov 1, 1955, that I last saw the deceased alive on Oct 22, 1955, and that death occurred at 10:40 A. m., from the causes and on the date stated above.

23a. SIGNATURE Robert H. Hodge (Degree or title) MD	23b. ADDRESS 329 Army, with Kansas City 20	23c. DATE SIGNED 11-2-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 11-1-1955	24c. NAME OF CEMETERY OR CREMATORY Olathe Cemetery	24d. LOCATION (City, town, or county) (State) Olathe, Johnson County, Kansas
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DATE REC'D BY LOCAL REG. 11-2-55	REGISTRAR'S SIGNATURE Merna Marshall	25. FUNERAL DIRECTOR'S SIGNATURE JULIEN FUNERAL HOME	ADDRESS OLATHE, KANSAS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

~~15-10-50~~

~~15-10-50~~
673279

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 *Justin L. Flannery*.....

Licensed Embalmer No. *48*
P. O. Address *Orlando*.....

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.