

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1572

State File No. ....

FILED FEB 14 1956

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5573</u>		Registrar's No. <u>12</u>							
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u>				b. COUNTY <u>Jackson</u>					
b. CITY OR TOWN <u>Grain Valley Rural</u>				LENGTH OF STAY (in this place) <u>9yrs</u>		c. CITY OR TOWN <u>Grain Valley</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>3 Miles North West</u>				e. STREET ADDRESS (If rural, give location) <u>3 Miles North West</u>				<u>7000</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Annie</u>			b. (Middle) <u>Leela</u>			c. (Last) <u>Stebbins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 29 1956</u>				
5. SEX <u>F M</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 15 1865</u>		9. AGE (In years last birthday) <u>90</u>		IF UNDER 1 YEAR Months Days		IF UNDER 100 Hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife O A P</u>				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (City and State or Foreign Country) <u>Flag Station Ills</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Wm Frenholm</u>				13b. MOTHER'S MAIDEN NAME <u>Miriam Stanton</u>				14. NAME OF HUSBAND OR WIFE <u>Lewis Stebbins</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Hollie Stebbins</u>				ADDRESS <u>Independence R 3 Mo</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arterial sclerotic vasculum</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>								INTERVAL BETWEEN ONSET AND DEATH <u>80 hrs</u> <u>10 yrs +</u>	
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____								20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>331X</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____				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 <u>5-22</u> , 19 <u>42</u> , to <u>1-29</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1-26</u> , 19 <u>56</u> , and that death occurred at <u>4:00A.</u> m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>Merrill R. Bay M.D.</u>						23b. ADDRESS <u>Blue Springs Mo</u>			23c. DATE SIGNED <u>1-30-56</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 30 56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Blue Springs Cem</u>				24d. LOCATION (City, town, or county) (State) <u>Blue Springs Mo</u>					
DATE REC'D BY LOCAL REG. <u>1-2-56</u>				REGISTRAR'S SIGNATURE <u>N. B. Langford</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Wells Funeral Home</u>				ADDRESS <u>Blue Springs Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *R. B. Curtis*.....

Licensed Embalmer No. *235*.....

P. O. Address *Blue Spring*.....

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.