

FILED MAR 8 1956

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **5142**

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 727	
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 town(ship)) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 1 YEAR		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ELLISON HOTEL 300 WEST ARMOUR BLVD.				STREET ADDRESS (If rural, give location) 300 West Armour Blvd. 3470			
3. NAME OF DECEASED (Type or Print) MARY		a. (First)		b. (Middle) ANN		c. (Last) STEPHENS	
4. DATE OF DEATH FEB-15-1956		5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH FEB-27-1892		9. AGE (In years last birthday) 63		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) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (City and State or Foreign Country) WILLOW SPRINGS MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME SAMUEL H. SCOTT		13b. MOTHER'S MAIDEN NAME HENRIETTA BROWN		14. NAME OF HUSBAND OR WIFE HARRY H. STEPHENS			
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. NONE		17. INFORMANT'S SIGNATURE OR NAME HARRY H. STEPHENS ADDRESS 2222 N. MAGNOLIA CORPUS CHRISTI TEX.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Metastatic Carcinoma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastatic Carcinoma 364th Spinal Vertebrae DUE TO (c) Carcinoma of Uterus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 mo 3 yrs 5 yrs 174X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Uterine Carcinoma				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)		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 10-15 , 19 54 , to 2-15 , 19 56 , that I last saw the deceased alive on 2-13 , 19 56 , and that death occurred at 12:15 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE Harold W. Bain (Degree or title) DO				23b. ADDRESS 4150 Hamilton Blvd Kansas City, Kansas		23c. DATE SIGNED 2-15-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB-17-1956		24c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON CEM.		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 2-17-56		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE D. W. Newsome ADDRESS 1331-BASH CORN KANSAS CITY, MO.			

(Licensed Embalmer's Statement on Reverse Side)

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 *Jess T. Deems*.....
Licensed Embalmer No. *445*.....

P. O. Address *.....*

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.