

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13510

State File No. \_\_\_\_\_

1483

FILED APR 25 1956  
BIRTH NO. 024632-56 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>Lifetime</b>	c. CITY OR TOWN <b>Kansas City</b>		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. <b>General Hospital #2</b>			e. STREET ADDRESS (If rural, give location) <b>1314 E. 13th St. 3168</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Richard</b>		b. (Middle) <b>Garland</b>	c. (Last) <b>Stevenson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>4 1 1956</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>3-22-1956</b>	9. AGE (In years last birthday) <b>10</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>10</b> Hours <b>10</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>America</b>
13a. FATHER'S NAME <b>Donald L. Stevenson</b>		13b. MOTHER'S MAIDEN NAME <b>Jeanette Jones</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Donald L. Stevenson, 1314 E 13th KC, Mo.</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Immaturity</b>			INTERVAL BETWEEN ONSET AND DEATH		
*This does not mean the mode of dying, such as heart failure, asthenia, 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) <b>prematurity.</b>		
DUE TO (c)			II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.			<b>776X</b>		
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 <b>3-22-56</b> , to <b>4-1-56</b> , 19____, that I last saw the deceased alive on <b>4-1-56</b> , 19____, and that death occurred at <b>12:15p</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>W. R. Peterson</b> (Degree or title) <b>M.D.</b>			23b. ADDRESS <b>600 East 22nd Street</b>		23c. DATE SIGNED <b>4-2-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4/5/1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lincoln Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>K. C. Mo.</b>		
DATE REC'D BY LOCAL REG. <b>4-5-56</b>		REGISTRAR'S SIGNATURE <b>neva minshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Let. Davis Funeral Home 1416 Truman Rd</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

Jackson  
 City  
 General Hospital  
 Room 2  
 3-22-28  
 Board of Health  
 Board of Health

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 *Lester H. Jackson*.....  
 Licensed Embalmer No. 48

3-22-28  
 3-22-28

P. O. Address K. O.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (If 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.