

FILED APR 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13671

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5578</u>		Registrar's No. <u>53</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 OR TOWN <u>Rural Prairie</u>)		c. LENGTH OF STAY (in this place) <u>1 yr 76 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>3028 Highland</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jefferson</u>		b. (Middle) <u>D</u>		c. (Last) <u>Stephens</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 5 1956</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Feb. 28, 1864</u>	
9. AGE (In years last birthday) <u>92</u>		IF UNDER 1 YEAR Months Days		IF UNDER 12 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer-Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm and DUSTRY</u>		11. BIRTHPLACE (State or foreign country) <u>Bunceton, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Levin C. Stephens</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Jane Allison</u>		14. NAME OF HUSBAND OR WIFE <u>Never Married</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 ADDRESS <u>Mrs. C. A. McMillin-1617 W. 50th</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, asphyxia, 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>Arterio sclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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 <u>Feb</u> , 1956, to <u>4-5</u> , 1956 that I last saw the deceased alive on <u>4-4</u> , 1956, and that death occurred at <u>2 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Philip J. Jagan M.D.</u>				23b. ADDRESS <u>Deer Summit, Mo.</u>		23c. DATE SIGNED <u>4-5-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-7-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bunceton, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4-7-56</u>		REGISTRAR'S SIGNATURE <u>N.B. Langford</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>QUIRK & TOBIN - 20 West Linwood</u>		K.C. No. _____	

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 _____

.....
working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed

James P. McElroy

Licensed Embalmer No.

P. O. Address

*4626
K R 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 this body is not embalmed, fact should be so stated above.