

FILED MAY 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16612**  
Registrar's No. **1760**

BIRTH NO.		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>1760</b>	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b> b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Kansas City</b> c. LENGTH OF STAY (In this place) <b>1 yr.</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Lukes Hospital</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</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"/> • STREET ADDRESS (If rural, give location) <b>235 Ward Parkway</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Anna</b> b. (Middle) <b>W</b> c. (Last) <b>Stevens</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4 20 1956</b>		5. SEX <b>female</b> 6. COLOR OR RACE <b>white</b> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		
8. DATE OF BIRTH <b>March 22 1860</b>		9. AGE (In years last birthday) <b>96</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Indiana</b>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Edward Wallace</b>	
13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Francis Albert Stevens</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>no</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Elizabeth Nebinger</b>		ADDRESS <b>K.C. Mo.</b>		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, asthenia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>arteriosclerosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>age</b> DUE TO (c) <b>fracture hip &amp; skull</b>				INTERVAL BETWEEN ONSET AND DEATH <b>89030</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, in factory, street, office bldg., etc.) <b>home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Kansas City Jackson, Mo.</b>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>4-13-56</b>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>fell on floor.</b>				22. I hereby certify that I attended the deceased from <b>April 13 1956</b> , to <b>April 20 1956</b> , that I last saw the deceased alive on <b>4-12-56</b> , 19__, and that death occurred at <b>10:30 P.M.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>Nicholas S. Pickard</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>411 Nichols Rd. K.C. Mo.</b>		23c. DATE SIGNED <b>4-21-56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4/23/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt Washington</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo.</b>	
DATE REC'D BY LOCAL REG. <b>4-23-56</b>		REGISTRAR'S SIGNATURE <b>Neva Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Stine &amp; McClure Und. Co. Kans. City, Mo.</b>			

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

