

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16613

STATE FILE NUMBER

FILED MAY 17 1956

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1878

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, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City ¹⁰⁰⁰	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital		d. STREET ADDRESS 518 Crescent	
Length of stay in hospital two weeks		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) CHARLES FREDERICK STEVENS			4. DATE OF DEATH April 28 1956		
5. SEX Male			6. COLOR OR RACE White		
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			8. DATE OF BIRTH Sept. 28, 1925		
9. AGE (In years last birthday) 30			IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0		IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Bowling Equipment		11. BIRTHPLACE (City and state or country) Austin, Texas	
13. FATHER'S NAME Joseph Earl Stevens			14. MOTHER'S MAIDEN NAME Martha Elizabeth Lang		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes War II		16. SOCIAL SECURITY NO. 457-20-8496		17. INFORMANT Mrs. Leona Elizabeth Stevens	
				Address 518 Crescent	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Bacterial Endocarditis		INTERVAL BETWEEN ONSET AND DEATH 7 8 hrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Bil. Bronchial Pneumonia		12 days	
DUE TO (c) Encephalitis		10 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Chickenpox			

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 087X	
20c. TIME OF INJURY Hour 10:30 P.M. Month 4 Day 16 Year 1956 a. m. p. m.			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Kansas City, Missouri		20f. CITY, TOWN, OR LOCATION Jackson, Missouri	
21. I attended the deceased from 4/16/56 to 4/28/56 and last saw her alive on 4/28/56		22a. SIGNATURE G. R. Reinhardt M.D.		22b. ADDRESS 1332 Prof Bldg.	
22c. DATE SIGNED 4/30/56					

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 2, 1956		23c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cemetery		23d. LOCATION (City, town, or county) (State) Jackson County, Missouri.	
24. FUNERAL DIRECTOR Geo. C. Carson & Son's Independence, Mo.		ADDRESS 4-30-56		25. DATE RECD. BY LOCAL REG. Reva Minshall		26. REGISTRAR'S SIGNATURE	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes. Cause of death must be conspicuously related.

MAY 23 1956

Nov 1-10 40

DEC 23 1955

Bennett
Reuther
Edwards

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Tom D. Marklan*

Licensed Embalmer No...4

P. O. Address *Inde*

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