

FILED NOV 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38254**BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **4723**

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 length of stay (in this place) OR TOWN KANSAS CITY (Municipality) 2 DAYS		c. CITY OR TOWN KANSAS CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION LAKE SIDE		e. (STREET ADDRESS (If rural, give location) 630 4510 TRACY	

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) Edward c. (Last) STEPLEN			4. DATE OF DEATH (Month) (Day) (Year) 10 31 56		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 2-5-98	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMER	11. BIRTHPLACE (City and State or Foreign Country) DECATUR, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U S

13a. FATHER'S NAME JOHN STEPLEN	13b. MOTHER'S MAIDEN NAME SUSAN BAER	14. NAME OF HUSBAND OR WIFE CLORENCE M.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) NONE	17. INFORMANT'S SIGNATURE OR NAME Mrs. Margaret S. Phillips ADDRESS K.C. Mo.

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown pending autopsy report		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Obstruction of ureters DUE TO (c) Carcinoma of prostate		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		177X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.	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 **Oct 29, 1956**, to **Oct 31, 1956**, that I last saw the deceased alive on **Oct 31, 1956**, and that death occurred at **4:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE John A. Robinson (Degree or title) D.O.	23b. ADDRESS 30117 1/2 Judd Ave. K.C. Mo.	23c. DATE SIGNED 10-31-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11-1-56	24c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery
DATE REC'D BY LOCAL REG. 11-1-56 neva minshall		24d. LOCATION (City, town, or county) (State) Harrisonville, Missouri
REGISTRAR'S SIGNATURE neva minshall		25. FUNERAL DIRECTOR'S SIGNATURE Alfred H. Hickey ADDRESS Harrisonville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

7th 3-9606

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 *Ray J. Kelly*.....

Licensed Embalmer No. *4685*

P. O. Address *Garden City*

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.