

FILED JAN 14 1956

STANDARD CERTIFICATE OF DEATH

41755
STATE FILE NUMBER
5666

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

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	
c. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran		d. STREET ADDRESS 2910 MONROE AVENUE	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
Length of stay in hospital 8 YRS		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Elizabeth Catherine Stevens			4. DATE OF DEATH DEC. 27, 1956		
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC 5, 1863	9. AGE (In years last birthday) 93	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Adams County, Illinois	
13. FATHER'S NAME JORDAN Huey			14. MOTHER'S MAIDEN NAME SARAH JANE TOUT		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT HARRY C. STEVENS	
				Address 2910 MONROE K.C. MO.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho pneumonia, Right		INTERVAL BETWEEN ONSET AND DEATH 5 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Intra capsular fracture left Hip		Two weeks
	DUE TO (c)		2 1/2
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Generalized Arterio Sclerosis			

20a. ACCIDENT <input checked="" 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.) Fall in Home	
20c. TIME OF INJURY Hour a. m. p. m. Dec-1-56		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION COUNTY STATE Kansas City Jackson MO
21. I attended the deceased from Dec-14-56 to Dec-27-56 and last saw her alive on Dec-26-56 Death occurred at p. 4:57 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE Carl H. Brust	(Degree or title) M.D.	22b. ADDRESS 106 W 14th St - K.C. Mo
		22c. DATE SIGNED 12-28-56

23. BURIAL, CREMATION, OR OTHER DISPOSITION	23b. DATE DEC. 29, 1956	23c. NAME OF CEMETERY OR CREMATORY TOPEKA CEMETERY	23d. LOCATION (City, town, or county) TOPEKA	(State) KANSAS
24. FUNERAL DIRECTOR D.W. NEWCOMER & SONS	ADDRESS 1331 R.C. MO.	25. DATE RECD. BY LOCAL REG. 12-29-56	26. REGISTRAR'S SIGNATURE Vera Marshall	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service
0
-56
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
No symptoms with or without
No standard nomenclature in item 18. No symptoms with or without
No standard nomenclature in item 18. No symptoms with or without

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Carl H. Brust M. D.

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 *Paul B. Williamson*

Licensed Embalmer No. *50*

P. O. Address *Overland Park Kan*

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.