

FILED JUN 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH17376
STATE FILE NUMBER2496
REGISTRAR'S NO.Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Merriam</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Marys Hosp.</u>			Length of stay in 1b <u>3 Days</u>	d. STREET ADDRESS <u>8410 West 56</u>			(If outside, give location) <u>5150</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Vedder</u> Last <u>Stevens</u>				4. DATE OF DEATH <u>May 27, 1957</u> Month <u>May</u> Day <u>27</u> Year <u>1957</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb 10, 1888</u>		9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Examiner</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>RFC Gov't.</u>	11. BIRTHPLACE (City and state or country) <u>Washington Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13. FATHER'S NAME <u>Judson C Stevens</u>				14. MOTHER'S MAIDEN NAME <u>Nellie Vedder</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War 1</u>			16. SOCIAL SECURITY NO. <u>509-01-0560</u>	17. INFORMANT <u>Myrle M. Stevens, Merriam, Ia and</u> Address				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 wks.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Septicemic nephritis</u>	DUE TO (c) <u>Terminal Bronchial pneumonia</u>	<u>594K</u>	<u>7 yrs.</u>	<u>2 days.</u>			
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 checked="" type="checkbox"/>	
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.)					
20c. TIME OF INJURY Hour Month, Day, Year 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.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE	
21. I attended the deceased from <u>24 Feb - 1954</u> to <u>26 May 1957</u> and last saw <u>her</u> alive on <u>26 May 57</u> Death occurred at <u>2:00 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Fred H. Lundgren, Jr. M.D.</u> (Degree or title)				22b. ADDRESS <u>315 Nichols Road</u>		22c. DATE SIGNED		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>May 28, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wilson Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Wilson Kansas</u>			
24. FUNERAL DIRECTOR <u>J. Royce Hoge</u> ADDRESS <u>Ovenden Park, Mo</u>			25. DATE RECD. BY LOCAL REG. <u>5-28-57</u>		26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>			

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Fred H. Lundgren, Jr.300
1-56

Fred Lundgren
Plaza Med Bldg.
VA1-8833
12-5 P.M.



158. 05 204

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 *J. Payne Hoge*

Licensed Embalmer No. 352

P. O. Address *Oriskany*

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.