

FILED JUL 8 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

'57 0 2 1 387
 State File No. 2800

BIRTH NO. 6644 40017-57 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2800

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 township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HICKMAN MILLS		d. STREET ADDRESS (If rural, give location) 7000 4508 E. 113th ST.
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL					
3. NAME OF DECEASED (Type or Print) a. (First) LEWIS b. (Middle) JAMES c. (Last) STEVENS			4. DATE OF DEATH (Month) (Day) (Year) 6 13 57		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEWBORN	8. DATE OF BIRTH 6/11/57	9. AGE (In years last birthday) 2 IF UNDER 1 YEAR Months 10 Days 11 IF UNDER 12 HRS. Hours 11 Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NEWBORN		10b. KIND OF BUSINESS OR INDUSTRY NEWBORN	11. BIRTHPLACE (City and State or Foreign Country) RESEARCH HOSPITAL, K.C., MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME CHARLES RALPH STEVENS		13b. MOTHER'S MAIDEN NAME DOROTHY JEAN WEIXELDORFER		14. NAME OF HUSBAND OR WIFE NEWBORN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME Mrs Dorothy WEIXELDORFER STEVENS ADDRESS 4508 E. 113th St. Hickman Mills, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prematurity</u>				INTERVAL BETWEEN ONSET AND DEATH 7 1/2
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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 <u>6/11, 1957</u> , to <u>6/13, 1957</u> , that I last saw the deceased alive on <u>6/13, 1957</u> , and that death occurred at <u>11:40 pm</u> from the causes and on the date stated above.					
23a. SIGNATURE <u>Gerald E. Hughes, M.D.</u> (Degree or title)			23b. ADDRESS <u>424 Professional Bldg KCMO</u>		23c. DATE SIGNED <u>6/13/57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>6-15-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>6-14-57</u>	REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sheil Funeral Home K.C., Mo.</u> ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
 Gerald E. Hughes

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
Student Embalmer

Signed

Thomas A. Schul

Licensed Embalmer No. 4954

P. O. Address K. C. Mo.

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 this body is not embalmed, fact should be so stated above.