

FILED APR 22 1958

BIRTH NO. 0 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 100 Registrar's No. 1651

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Luther W. Swift

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 town) Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) Life		STREET ADDRESS (If rural, give location) 619 Garfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION Conley Maternity Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Leslie	c. (Last) Stevenson	4. DATE OF DEATH (Month) (Day) (Year) 3-28-58
5. SEX M	6. COLOR OR RACE W	7. MARRIED , NEVER MARRIED, WIDOWED , DIVORCED (Specify) 0	8. DATE OF BIRTH 3-28-58	9. AGE (In years last birthday) 3 IF UNDER 1 YEAR Months 0 Days 0 IF UNDER 24 HRS. Hours 0 Mins 52
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Kansas City Missouri
13a. FATHER'S NAME Garlord Stevenson		13b. MOTHER'S MAIDEN NAME Doris Bradley		14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Doris Stevenson ADDRESS 5214 St. John

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) Intra uterine hypoxia		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) Abruptio placenta		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) Premature Birth		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **3-28-58**, 19**58**, to expiration, 19**58**, that I last saw the deceased alive on **3-28-58**, 19**58**, and that death occurred at **7:40 PM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Luther W. Swift, MD	23b. ADDRESS 2105 Independence Ave	23c. DATE SIGNED 3/29/58
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-29-58	24c. NAME OF CEMETERY OR CREMATORY Mt. Washington
DATE REC'D BY LOCAL REG. 3-29-58	REGISTRAR'S SIGNATURE neva merrill	24d. LOCATION (City, town, or county) (State) Kansas City Mo.

25. FUNERAL DIRECTOR'S SIGNATURE Sheila FUNERAL HOME		ADDRESS HOME
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(Licensed Embalmer's Statement on Reverse Side)

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 *Thomas A. Spaul*.....

Licensed Embalmer No. *4954*

P. O. Address *N.C. Mrs.*

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.