

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-018659

STATE FILE NUMBER

FILED JUN 11 1958

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 241

300  
-57

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Independence</u>		c. CITY OR TOWN <u>Independence 60058</u>	
c. FULL NAME OF (NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Indep. Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>612 East Walnut</u>	
3. NAME OF DECEASED (Type or print) <u>Kathryn</u>		4. DATE OF DEATH Month <u>May</u> Day <u>30</u> Year <u>1958</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Mar. 12-1887</u>	
9. AGE (In years last birthday) <u>77</u>		10. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	
11. BIRTHPLACE (City and state or country) <u>Irwin, Nebraska</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>A Newberry</u>		13b. MOTHER'S MAIDEN NAME <u>Mattie Winegar</u>	
14. NAME OF HUSBAND OR WIFE <u>James Stevens</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>506-05-9974</u>		17. INFORMANT Address <u>James Stevens, Indep. Mo</u>	
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>Bleeding of bowel due to torsion</u> DUE TO (b) <u>of mesentery due to large fibroma</u> DUE TO (c) <u>of jejunum</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes mellitus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u> <u>yes</u>	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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>1944</u> to <u>5-30-58</u> and last saw her alive on <u>5-30-58</u> Death occurred at <u>5: P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Vance E. Link, M.D.</u> Drs. Grabske & Link		22b. ADDRESS <u>10901 Winner, Independence, Mo.</u>	
22c. DATE SIGNED <u>5-31-58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial June 4-1958 Mount Grove</u>	
23b. DATE		23c. NAME OF CEMETERY OR CREMATORY <u>Independence, Missouri</u>	
23d. LOCATION (City, town, or county) (State)		24. FUNERAL DIRECTOR ADDRESS <u>Irland G. Speaks</u>	
25. DATE RECD. BY LOCAL REG. <u>5-31-58</u>		26. REGISTRAR'S SIGNATURE <u>James Craig</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JUN 20 1958

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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 *Reid Fessel* .....

Licensed Embalmer No. *4690* .....

P. O. Address *Indep. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.