

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005904
STATE FILE NUMBER

FILED FEB 17 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 465

300
-57

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|---|----------------------------------|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Day | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN RICHMOND | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL | | Length of stay in lb 79 days | d. STREET ADDRESS (If outside, give location) ROUTE #1 | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First WALTER Middle Last STEVENS | | | 4. DATE OF DEATH Month 1 Day 23 Year 59 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 1-27-96 | | 9. AGE (In years last birthday) 63 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming | | 10b. KIND OF BUSINESS OR INDUSTRY Farm | 11. BIRTHPLACE (City and state or country) Harrisonville, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Marion Stevens | | 13b. MOTHER'S MAIDEN NAME Martha E. Randolph | | 14. NAME OF HUSBAND OR WIFE Dolly Stevens | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WVI | | 16. SOCIAL SECURITY NO. 486 05 8991 | | 17. INFORMANT VA Hospital Official Records 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) HYPOSTATIC PNEUMONIA | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) GENERALIZED INANITION | | | | | |
| DUE TO (c) CARCINOMA OF PROSTATE WITH METASTASIS | | | | | |
| 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 <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. Attended the deceased from 11-5-58 to 1-23-59 Death occurred at 8:30 p on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE Robert H. Tinkle (Degree or title) Robert H. Tinkle MD | | | 22b. ADDRESS VA Hospital, Kansas City, Mo. | | 22c. DATE SIGNED 1-23-59 |
| 23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 1-24-59 | 23c. NAME OF CEMETERY OR CREMATORY WOODLAWN Cem. | | 23d. LOCATION (City, town, or county) (State) Richmond, Mo. | |
| 24. FUNERAL DIRECTOR Quest Life Funeral Home Richmond, Missouri | | 25. DATE RECD. BY LOCAL REG. 1-24-59 | | 26. REGISTRAR'S SIGNATURE Neva Marshall | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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

Mami D. Bailey

Licensed Embalmer No. *4887*

P. O. Address *Richmond, 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.