OURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–040395

STATE FILE NUMBER

MENDED

FILED VS DEC 7 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5656

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS City — Length of stay in 1b 61 yr.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY JACKSON
c. CITY OR TOWN KANSAS City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 311 S. MONROE (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Mollie Middle — Last STEPHENS

4. DATE OF DEATH Month 11 Day 19 Year 1959

5. SEX FEMALE

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 2-22-1875

9. AGE (last birthday) 84

IF UNDER 1 YEAR Months — Days —

IF UNDER 24 HR Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (City and state or country) WYANDOTTE C. KANSAS

12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME WESLEY EAKIN

13b. MOTHER'S MAIDEN NAME — MALONE

14. NAME OF HUSBAND OR WIFE HENRY B. STEPHENS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT GERTRUDE M. STEPHENS Address 311 S. MONROE K.C. Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiovascular Arteriosclerotic Disease, Generalized. — INTERVAL BETWEEN ONSET AND DEATH Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 January 6, 1958 to November 19, 1959 and last saw her alive on November 19, 1959
Death occurred at 11:35 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul Johnstone, M.D. (Degree or title)

22b. ADDRESS 1110 Bryant Bldg., Kansas City, Missouri

22c. DATE SIGNED November 21 1959

BY AFFIDAVIT OF Paul N. Johnstone

DOCUMENT

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE 11-23-1959

23c. NAME OF CEMETERY OR CREMATORY Mt. WASHINGTON

23d. LOCATION (City, town, or county) (State) KANSAS City, Mo.

24. FUNERAL DIRECTOR C. H. BLACKMAN & SON ADDRESS INC. K.C. Mo.

25. DATE RECD. BY LOCAL REG. 11-23-59

26. REGISTRAR'S SIGNATURE Neva Minshall

(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_____ Signed W. C. Rinne
Signature of Student Embalmer

Licensed Embalmer No. 4879

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.