

JURISDICTION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN - 6 1960

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Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6119 STATE FILE NUMBER

EMENDED

I-6-60

Stephen De Meter

Stephen Demeter

DOCUMENT

BY AFFIDAVIT OF NEWCOMER'S CLAUDE C. FARLEY MEDICAL CERTIFICATION

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, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b LIFE		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSP			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3435 WYANDOTTE		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Jean Middle Selma Last Demeter				4. DATE OF DEATH Month DEC Day 19 Year 1959					
5. SEX FEMALE		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 MAY 27, 1907		9. AGE (last birthday) 52 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PALLISTICS SUPERVISOR REMINGTON ARMS				10b. KIND OF BUSINESS OR INDUSTRY KANSAS CITY MO.		11. BIRTHPLACE (City and state of country) USA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME GEORGE HULCE			13b. MOTHER'S MAIDEN NAME DELIA MARTIN			14. NAME OF HUSBAND OR WIFE STEPHEN DEMETER			
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 Demeter STEPHEN DE-METER 3435 WYANDOTTE 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) Encephalitis								INTERVAL BETWEEN ONSET AND DEATH 6 days.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral atrophy due to previous subarachnoid hemorrhage								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO <input type="checkbox"/> Unknown	
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 _____ a.m. _____ p.m. _____		Month, Day, Year		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 1949 to 12/19/59 and last saw her ^{her} _{him} alive on 12/19/59 . Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Claude C. Farley M.D.				22b. ADDRESS 4526 Paso - KCMO				22c. DATE SIGNED 1/20/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE DEC 22, 1959		23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEM		23d. LOCATION (City, town, or county) (State) KANSAS CITY MO.			
24. FUNERAL DIRECTOR ADDRESS D. W. NEWCOMER'S SONS K.C. MO.				25. DATE RECD. BY LOCAL REG. 12-22-59		26. REGISTRAR'S SIGNATURE Wesley Marshall			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Vern Lawler

Licensed Embalmer No. 4918

P. O. Address K. C. Mc

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.