

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-001918

FILED VS FEB 1 1960

149

Registration District No. **1002**

Registrar's No.

236

STATE FILE NUMBER

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 42yrs	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 3504 PENNSYLVANIA AVE		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3504 PENNSYLVANIA AVE. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Mary Middle Stevens Last Stevens			4. DATE OF DEATH Month JAN Day 12 Year 1960		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH MAY 20, 1985	9. AGE (last birthday) 74 yrs.	IF UNDER 1 YEAR Months Days 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	11. BIRTHPLACE (City and state or country) CARTHAGE MISSOURI		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME FRED STEBBINS		13b. MOTHER'S MAIDEN NAME ANN HUFFER		14. NAME OF HUSBAND OR WIFE EMMETT W STEVENS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address MRS. ALBERT HEINZ 309 EAST 70 th STREET		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Acute myocardial infarction		
DUE TO (b) Acute coronary occlusion		
DUE TO (c) Arteriosclerotic Heart Disease		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertensive Cardiovascular Disease, Pulmonary Emphysema.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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 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 **1-16-50** to **1-12-60** and last saw her alive on **1-11-60**
Death occurred at **9 P** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>John H. Wheeler</i> (Degree or title)	22b. ADDRESS M.D., 411 Nichols Road K. C. Mo.	22c. DATE SIGNED 1-13-60.
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JAN 15, 1960	23c. NAME OF CEMETERY OR CREMATORY CALVARY CTM
23d. LOCATION (City, town, or county) KANSAS CITY MO.		23e. DATE RECD. BY LOCAL REG. 1-14-60
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS KC. MO.		26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

John H. Wheeler

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 Arnold L. Schuler

Licensed Embalmer No. 303

P. O. Address W. Co. Ill.

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.