

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009116

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149

Primary Registration District No. 1002 Registrar's No. 1112

STATE FILE NUMBER

AMENDED

FILED MAR 20 1961

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in Tn 15 YEARS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL		d. STREET ADDRESS (If outside, give location) 6341 COLLEGE AVE.	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last STEPHEN JAMES SEAVER			4. DATE OF DEATH Month Day Year FEBRUARY 27 1961		
---	--	--	---	--	--

5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/27/42	9. AGE (last birthday) 18	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) STUDENT-SENIOR	10b. KIND OF BUSINESS OR INDUSTRY SOUTHEAST HIGH	11. BIRTHPLACE (City and state or country) MASON CITY, IOWA	12. CITIZEN OF WHAT COUNTRY U. S. A.
--	--	---	--------------------------------------

13a. FATHER'S NAME JAMES SEAVER	13b. MOTHER'S MAIDEN NAME EDITH WHITE	14. NAME OF HUSBAND OR WIFE ---
---------------------------------	---------------------------------------	---------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT JAMES SEAVER	Address 6341 COLLEGE AVENUE KANSAS CITY, 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) <i>Acute Lymphoblastic Leukemia 10 mo.</i>		INTERVAL BETWEEN ONSET AND DEATH
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. <input type="checkbox"/> Yes <input 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 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 May 12 / 1960 to 2 / 27 / 61 and last saw him alive on 2 / 27 / 61

Death occurred at 2:35 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE (Degree, Title) <i>Braham J. Geha MD</i>	22b. ADDRESS 751 E 63rd ST	22c. DATE SIGNED 2/28/61
---	----------------------------	--------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAR. 1, 1961	23c. NAME OF CEMETERY OR CREMATOR FLORAL HILLS CEMETERY	23d. LOCATION (City, town, or county) KANSAS CITY MISSOURI
--	------------------------	---	--

24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS	ADDRESS 1331 BRUSH CREEK KANSAS CITY	25. DATE RECD. BY LOCAL REG. 3-2-61	26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>
--	--------------------------------------	-------------------------------------	--

MISSOURI (Balmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF *Braham J. Geha*

ITEM NO. SHOULD READ

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 Basil V. Honey,

Licensed Embalmer No. K 724,

P. O. Address K.C., 30, 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.