SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

61-017799
STATE FILE NUMBER

AMENDED

FILED MAY 17 1961

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2171

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: 50 Yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ~~414 Maple Blvd~~ Baptist Hospital — Inside Limits Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 414 Maple Blvd — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First KENNETH Middle L Last STEPHENS
4. DATE OF DEATH Month April Day 30 Year 1961
5. SEX Male
6. COLOR OR RACE White
7. Married X Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 1/15/06
9. AGE (last birthday) 55 — 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) Clerk
10b. KIND OF BUSINESS OR INDUSTRY Commodity Stabl.
11. BIRTHPLACE (City and state or country) Kansas City Kan
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Edgar Stephens
13b. MOTHER'S MAIDEN NAME Agnes Strain
14. NAME OF HUSBAND OR WIFE Ruth Stephens
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W W 2
16. SOCIAL SECURITY NO.
17. INFORMANT Address Ruth Stephens 414 Maple Blvd

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) RIGHT CEREBRAL THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 12 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
~~DUE TO~~ (b) OLD A.G.C. V.D. CASE — YRS
DUE TO (c) OLD MYOCARDIAL INFARCTION — YRS.
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

19. WAS AUTOPSY PERFORMED? YES ☐ NO X
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 1950 to 4-30-61 and last saw ~~her~~ him alive on 4-30-61
Death occurred at 10 15 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. Quistgard (Degree or title) M.D.
22b. ADDRESS 6741 Prospect KCMo
22c. DATE SIGNED 4-30-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 5/4/61
23c. NAME OF CEMETERY OR CREMATORY National Cemetery
23d. LOCATION (City, town, or county) (State) Ft Leavenworth Kansas

24. FUNERAL DIRECTOR ADDRESS Shell Funeral Home Kansas City Mo
25. DATE RECD. BY LOCAL REG. 5-2-61
26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — DOCUMENT — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF — MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard E. Carroll

Licensed Embalmer No. 4829

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.