

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-045077
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6350

AMENDED

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 10 YRS.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital Inside Limits Yes 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 No
 d. STREET ADDRESS (If outside, give location) 109 W. 39TH. Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last Clarence Perry Stevens
4. DATE OF DEATH Month Day Year 12 18 61
5. SEX Male **6. COLOR OR RACE** White
7. Married Never Married Widowed Divorced
8. DATE OF BIRTH 9-1-1899 **9. AGE (last birthday)** 62
 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) PAINTER
10b. KIND OF BUSINESS OR INDUSTRY PAINTER
11. BIRTHPLACE (City and state or country) BLACKWATER, MO.
12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME EDWARD STEVENS **13b. MOTHER'S MAIDEN NAME** LOUISE CAREY **14. NAME OF HUSBAND OR WIFE** EVA STEVENS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO **17. INFORMANT** Address EVA STEVENS 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) Severe bilateral pulmonary emphysema
 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

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 _____ 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 12-14-61 to 12-18-61 and last saw ^{her}him alive on 12-18-61
 Death occurred at 6:45 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) [Title] **22b. ADDRESS** 2400 Cherry **22c. DATE SIGNED** 12-18-61
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL **23b. DATE** 12-19-61 **23c. NAME OF CEMETERY OR CREMATORY** MT. WASHINGTON **23d. LOCATION** (City, town, or county) (State) KANSAS CITY, MO.
24. FUNERAL DIRECTOR ADDRESS FREEMAN MORTUARY K.C. Mo. **25. DATE RECD. BY LOCAL REG.** 12-18-61 **26. REGISTRAR'S SIGNATURE** Ruth Long

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

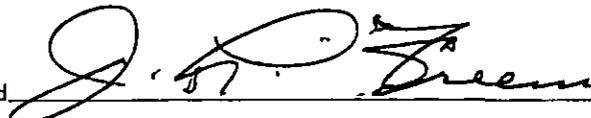
BY AFFIDAVIT OF Frank Ellis

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  _____

Licensed Embalmer No. 2939

P. O. Address F. O. 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.