

S. No. 2  
4-13-40  
5-17-39  
X23150

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

8441

State File No. \_\_\_\_\_

FILED MAR 30 1948  
Registration District No. 228

Primary Registration District No. 2000

Registrar's No. 257

1. PLACE OF DEATH: Greene  
(a) County: Greene  
(b) City or town: Springfield  
(c) Name of hospital or institution: 1427 Texas Ave.  
(d) Length of stay: In hospital or institution 40 Years  
In this community 40 Years

3. (a) PRINT FULL NAME: Clarence V. Stevens  
(b) If veteran, name war: none  
(c) Social Security No. 702-07-5204

4. Sex: Male  
5. Color or race: White  
6. (a) Single, widowed, married, divorced: Married  
(b) Name of husband or wife: Edna Stevens  
(c) Age of husband or wife if alive: 46 years  
7. Birth date of deceased: January 28, 1886

8. AGE: Years 62, Months 1, Days 26, If less than one day: hr. min.

9. Birthplace: Glenallen, Bollinger Co. Mo.

10. Usual occupation: R. R. Foreman

11. Industry or business: Wrecker Service

MOTHER FATHER { 12. Name: Albert Stevens, Mo.  
13. Birthplace: \_\_\_\_\_, Mo.  
14. Maiden name: Minto Bloom, Ind.  
15. Birthplace: \_\_\_\_\_, Ind.

16. (a) Informant: Mrs. Edna Stevens  
(b) Address: \*Stevens\* Springfield Mo.

17. (a) Burial (b) Date thereof: 3-28-1948  
(c) Place: burial or cremation: Green Lawn Cem.

18. (a) Signature of funeral director: J. W. Klingner & Co  
(b) Address: Springfield Mo.

19. (a) 3-27-48 (b) N. E. Hanchey 42  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State: Mo. (b) County: Greene  
(c) City or town: Springfield  
(d) Street No.: 1427 Texas Ave.  
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month: Mar, day: 24, year: 1948, hour: 5, minute: 00 A.M.

21. I hereby certify that I attended the deceased from Mar 16, 1948, to Mar 24, 1948, that I last saw him alive on Mar 24, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion  
Due to: Myocardial damage with angina

Other conditions: none

Major findings: Of operations: none, Of autopsy: ✓

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify):  
(b) Date of occurrence:  
(c) Where did injury occur?:  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?:

23. Signature: J. H. Selsky, Address: Springfield Mo, Date signed: 3-25

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 20 1948

MAY 13 1948

MAY 13 1948

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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Max Rhodes*

Licensed Embalmer No.

4071

P. O. Address

*Springfield*

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 this body is not embalmed, fact should be so stated above.