S. No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 17 1948 59

Registration District No.

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15700

Primary Registration District No. 4099

Registrar's No. 85

1. PLACE OF DEATH:

(a) County Cass Pleasant Hill, Mo.

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 708 Pine

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 50 years

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 19

(c) City or town Pleasant Hill, Mo. 2

(If outside city or town limits, write "RURAL")

(d) Street No. 708 Pine 0

(If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Grover Cleveland Stevens

3. (b) If veteran, name war no.

3. (c) Social Security No. 487-16-7394

4. Sex 0 male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Alma Stevens

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased March (Month) 24 (Day) 1885 (Year)

8. AGE: Years 63 Months 1 Days 11 If less than one day hr. min.

9. Birthplace Lees Summit, Mo. 0 (City, town, or county) (State or foreign country)

10. Usual occupation Truck driver

11. Industry or business Flem Steavens

FATHER
12. Name Russell Co. Va.
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Celia Gilberth
15. Birthplace Russell Co. Va. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs G.C. Stevens

(b) Address Pleasant Hill, Mo.

17. (a) bural (Burial, cremation, or removal) (b) Date thereof 5-9-48 (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill, Mo.

18. (a) Signature of funeral director Allen Brownfield

(b) Address Pleasant Hill, Mo.

19. May 13-1948 (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6th day May year 1948 hour 7:00 minute A M.

21. I hereby certify that I attended the deceased from April 15th 1948, to 6 May 1948 that I last saw him alive on 6 May 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Cardiac decompensation	4 hrs.
Due to Cardiovascular renal disease	5 yrs.
Due to Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death) (1) Mild diabetes incipient	5 yrs.
~~Major findings~~ Of operations (2) Biliary dyscrasia Opr - none	
Of autopsy none	

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature A W Ehlund (M. D. or other) MD

Address Pleasant Hill Mo Date signed 5-11-48

(Licensed Embalmer's Statement on Reverse Side)

MAY 27 1948

MAY 28 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

Glenn H. Hill, Registered Apprentice No. 8,

working under my personal supervision.

Signed Allen Brownfield

Licensed Embalmer No. 3785

P. O. Address Pleasant Hi

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.