FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 5 1949

Registration District No. 97

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39323

Primary Registration District No. 5167

Registrar's No. 40

1. PLACE OF DEATH:

(a) County: Benton

(b) City or town: Rural, West White Twsp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Route # 4, Windsor
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 34 years (Specify whether years, months or days)

In this community: 34 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Benton

(c) City or town: Rural
(If outside city or town limits, write "RURAL")

(d) Street No.: RFD # 4, Windsor
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Frank Lester Stevens

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Addie Stevens

6. (c) Age of husband or wife if alive: 78 years

7. Birth date of deceased: September (Month) 19 (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
79	3	5	hr. min.

9. Birthplace: Unknown (City, town, or county) Indiana (State or foreign country)

10. Usual occupation: Veternarian-Retired

11. Industry or business:

FATHER
12. Name: Henry B. Stevens
13. Birthplace: Unknown (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name: Barbara Bryan
15. Birthplace: Unknown (City, town, or county) Virginia (State or foreign country)

16. (a) Informant: George Stevens
(b) Address: Windsor, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Windsor, Missouri

18. (a) Signature of funeral director: Austin Funeral
(b) Address: Windsor, Missouri

19. (a) Dec 27-1948 (Date received local registrar) (b) E. L. Eickhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec. 24 day: year: 1948 hour: 8 minute: 45 A.M.

21. I hereby certify that I attended the deceased from 1942, 19, to 19, that I last saw him alive on Dec 23 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 week
Due to	
Due to	
Complete Paraplegia Spastic	
Other conditions (Including pregnancy within 3 months of death)	
Contracted 2 years	
Major operations: Internal Injuries	
Of autopsy: Almost 2 months 1942	

PHYSICIAN — Underline the cause of 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:

23. Signature: (M. D. or other)

Address: Date signed: 12-25-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7
District File Number 12-48-149
Date Filed 1-3-49

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 William M. Turner, Registered Apprentice No. 470, working under my personal supervision.

Signed Ellis M. Huston

Licensed Embalmer No. 3391

P. O. Address Windsor, 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 this body is not embalmed, fact should be so stated above.