

FILED JAN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHBohnsack
State File No. 42538

58-2

REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3138 Registrar's No. 122

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>	
c. LENGTH OF STAY (in this place) <u>50 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>201 Burnswick</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>201 Burnswick Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u> b. (Middle) <u>EVERETT</u> c. (Last) <u>STEVENS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 22, 1948</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 4, 1870</u>
9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>18</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dentist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dentist</u>	11. BIRTHPLACE (State or foreign country) <u>Macon County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Hamilton S. Stevens</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Cantwell</u>	
14. NAME OF HUSBAND OR WIFE <u>Grace Stevens</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>A.L. Stevens</u>		ADDRESS <u>Brookfield</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>93 D</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive cardio-vascular</u> DUE TO (c) <u>Senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>231</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Brookfield Room</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Brookfield Linn Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u></u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u></u>			
22. I hereby certify that I attended the deceased from <u>Dec. 19</u> , 19 <u>48</u> , to <u>Dec. 22</u> , 19 <u>48</u> , that I last saw the deceased alive on <u>Dec. 22</u> , 19 <u>48</u> , and that death occurred at <u>7th</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Keith Bohnsack</u>		23b. ADDRESS <u>211 Bern St. Brookfield</u>	
23c. DATE SIGNED <u>12/27/48</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 24-48</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Old New Garden</u>		24d. LOCATION (City, town, or county) (State) <u>Linn County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1/3/49</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.P. Cresswell</u>	
REGISTERAR'S SIGNATURE <u>W.P. Cresswell</u>		ADDRESS <u>Hill Funeral Home Brookfield, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed _____

J. H. Blacklocke

Signed _____
Student Embalmer

Licensed Embalmer No. *2246*

P. O. Address. *Brookfield, Ill.*

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.