

FILED JUN 28 1949

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

19334

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>155</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>		c. LENGTH OF STAY (in this place) <u>3 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>VRICH</u>		<u>42</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clinton General</u>				d. STREET ADDRESS (If rural, give location) <u>9</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GRANT</u> b. (Middle) <u>(none)</u> c. (Last) <u>STEVENS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-20-1949</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>12-18-1867</u>	
9. AGE (In years last birthday) <u>81</u>		10. YEARS <u>6</u>		11. HOURS <u>12</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Henry Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Will Stevens</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>None. Deceased</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>5004N-1294</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Pattet Stevens, Vrich, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension & arterial sclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 da</u> <u>2 yr</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 1</u> , 1949, to <u>June 20</u> , 1949, that I last saw the deceased alive on <u>6-20</u> , 1949, and that death occurred at <u>6 P. M.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. Walker, M.D.</u>				23b. ADDRESS <u>Clinton Mo</u>		23c. DATE SIGNED <u>6-21-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>6-22-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hickory Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Vrich, Henry Mo.</u>	
DATE REC'D BY LOCAL REG. <u>June-21-49</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		FUNDING DIRECTOR'S SIGNATURE <u>Florence Adair</u>		ADDRESS <u>Clinton Mo</u>	

(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 5-49-768
Date Filed 6-27-49

JUN 28 1949

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
Student Embalmer

Signed [Handwritten Signature]

Licensed Embalmer No. 45710

P. O. Address Clinton, 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.