

FILED JUL 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19808
2706

BIRTH NO. _____		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1002</u>	Registrar's No. _____
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Henry</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>4 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WINDSOR</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LAKE SIDE HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>Henry Co.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>SAMUEL</u> b. (Middle) <u>Andy S.</u> c. (Last) <u>STEVENS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 21-1949</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>1901</u> <u>5-16-1901</u>	9. AGE (In years last birthday) <u>48</u> 10. <input type="checkbox"/> UNDER 1 YEAR 11. <input type="checkbox"/> UNDER 2 yrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY <u>Miner</u>		11. BIRTHPLACE (State or foreign country) <u>Windsor Mo</u>
12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Joseph STEVENS</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Foster</u>		14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Army 2 War</u>		16. SOCIAL SECURITY NO. <u>445-07-1524</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Houston Turner</u> ADDRESS <u>Windsor, Mo.</u> <u>HOUSTON TURNER FUNERAL HOME</u>
18. CAUSE OF DEATH (Enter only one cause per line) (a) _____ (b) _____ (c) _____ <i>What does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary paralysis due to arotentia + toxicity</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Bronchial Pneumonia 7 days</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>-</u> Conditions contributing to the death but not related to the disease or condition causing death.		
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) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>491X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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>6-17</u> , 19 <u>49</u> , to <u>6-21</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>6-21</u> , 19 <u>49</u> , and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE <u>L. J. Graham</u> (Degree or title) _____		23b. ADDRESS <u>418 Bryant Bldg</u>		23c. DATE SIGNED <u>6/21/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>JUNE 21, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WINDSOR</u>
24d. LOCATION (City, town, or county) (State) <u>WINDSOR, MO. MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Newcomer's Sons</u> ADDRESS <u>K.C. Mo</u>		
DATE REC'D BY LOCAL REG. <u>6-22-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		

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

JUL 8 1949
1949 JUL 8 5 11 PM

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 Edward M. Storey

Signed _____
Student Embalmer

Licensed Embalmer No. 4452

P. O. Address K. L. 4 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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri

State File No. 19808-49

County of Henry } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 2706

On this 8th day of August, 1949, before me appears Edward L. Stevens, who, upon his oath, states that the original record of ~~birth~~ death

for Samuel Stevens died June 21, 1949, in the State of Missouri, and which was filed at Kansas City, Mo. on June 21, 1949, should be corrected as follows:

Item No. _____ should read _____

Instead of _____

Item No. 3 should read Andy S. Stevens

Instead of _____

Item No. 8 should read May 16, 1901

Instead of _____

Item No. 9 should read 48 years--1 month--5 days

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Edward L. Stevens, Son
Relationship.

Clinton, Missouri

Present Address.

Subscribed and sworn to before me this 8th day of August, 1949

My Commission expires Mar. 14, 1950

[Signature] Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

