

FILED SEP 28 1950 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 31473

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 316

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1. PLACE OF DEATH a. COUNTY St. Francois Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give town) Bonne Terre		c. LENGTH OF STAY (in this place) township)		c. CITY (If outside corporate limits, write RURAL and give township). Flat River,	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bonne Terre Hospital			d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) PAUL	b. (Middle) LESLIE	c. (Last) STEVENS	(Month) Sept	(Day) 17,	(Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Jan 17- 1931	9. AGE (In years last birthday) 19	IF UNDER 1 YEAR Months 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe worker		10b. KIND OF BUSINESS OR INDUSTRY shoe factory	11. BIRTHPLACE (State or foreign country) Flat River, Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Paul Stevens	13b. MOTHER'S MAIDEN NAME Ruth Skaggs Stevens	14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 496-32-8533	17. INFORMANT'S SIGNATURE OR NAME Ruth Stevens
		ADDRESS Flat River, Mo

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Verdict coroner jury "Neglect"</i>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Skull fracture left side</i>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Came to death as the result of</i>		9. 8 16 6	
		DUE TO (c) <i>an unavoidable accident.</i>	
		26	

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) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U.S. Highway 61967	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Francois County Mo

21d. TIME OF INJURY Sept 17 1950 1:30 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? collision of two automobiles
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>Paul K. Dignel acting coroner</i>	(Degree or title) 3	23b. ADDRESS Farmington mo	23c. DATE SIGNED 9/28/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 20, 1950	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	24d. LOCATION (City, town, or county) (State) St. Francois Co, Mo.

DATE REC'D BY LOCAL REG. Sept 20, 1950	REGISTRAR'S SIGNATURE <i>Esther Rudolph</i>	25. FUNERAL DIRECTOR'S SIGNATURE Sparks	ADDRESS Flat River, Mo
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(Licensed Embalmers' Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

SEP 23 1950

RECEIVED

MAR 5
1951

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.

Signed *Murphy L Sparks*

Licensed Embalmer No. *4236*

P. O. Address *Flat River, 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.