

5. No. 300
EV. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34437

FILED OCT 25 1950

State File No.

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3052 Registrar's No. 245

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Salisbury Township</u>	
c. LENGTH OF STAY (in this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>Salisbury</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>OLIN</u> c. (Last) <u>STEVENSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 3 1950</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never</u>	
8. DATE OF BIRTH <u>Aug. 29, 1892</u>		9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR: Months <u>1</u> Days <u>4</u> IF UNDER 1 HR. Hours <u></u> Min. <u></u>	
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 <u>farmer</u>		
11. BIRTHPLACE (State or foreign country) <u>Keytesville Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Sam Stevenson</u>		13b. MOTHER'S MAIDEN NAME <u>Delea Coleman</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no, or unknown) <u>yes</u> <u>World War I</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harmon Minks Salisbury Mo.</u> ADDRESS	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiorenal Disease</u>		DUE TO (b) _____		<u>???</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)				<u>442X</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)		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 July 12, 1950 to Oct 3rd 1950, that I last saw the deceased alive on Oct 3rd 1950 and that death occurred at 8 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>Thomas Fleming</u> (Degree or title)		23b. ADDRESS <u>Moberly, Mo</u>		23c. DATE SIGNED <u>Oct 5-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Oct, 5, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Corinth Cemetery</u>	
		24d. LOCATION (City, town, or county) (State) <u>Keytesville Mo.</u>			

DATE REC'D BY LOCAL REG. <u>Oct 5-50</u>		REGISTRAR'S SIGNATURE <u>Paul Deleau</u>		FUNERAL DIRECTOR'S SIGNATURE <u>James McLaughlin</u> ADDRESS <u>Marceline, Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

Returned for better information - return delayed
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

10-50-1

Date Received: **OCT 23 1950**
DISTRICT HEALTH OFFICE #2
District File Number 10-50-1
Date Filed: **OCT 24 1950**

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 Francis L Schaberg

Licensed Embalmer No. 4513

P. O. Address Marceline 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.