

FILED AUG 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21937**

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

BIRTH NO. _____		REG. DIST. NO. 4		PRIMARY REG. DIST. NO. 5030		Registrar's No. 49	
1. PLACE OF DEATH a. COUNTY Atchison				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Atchison			
b. CITY (If outside corporate limits, write RURAL and give township) Tarkio-rural		c. LENGTH OF STAY (In this place) 1hr		c. CITY (If outside corporate limits, write RURAL and give township) Tarkio		8030	
d. FULL NAME OF HOSPITAL OR INSTITUTION ***				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN MARSHALL			b. (Middle) MARSHALL			c. (Last) STEVENSON	
4. DATE OF DEATH (Month) (Day) (Year) July 12, 1951		5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH June 14, 1899		9. AGE (In years last birthday) 52		10. MONTHS 28		11. HOURS 0 MIN. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming			10b. KIND OF BUSINESS OR INDUSTRY farm amnagement			11. BIRTHPLACE (State or foreign country) Tarkio, Missouri.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME John P. Stevenson		13b. MOTHER'S MAIDEN NAME Alice Marshall		14. NAME OF HUSBAND OR WIFE Catherine Polly	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes W.W.I		16. SOCIAL SECURITY NO. 489-36-1619		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. J.M. Stevenson Tarkio, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION H201				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)			
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 Nov , 1947, to July , 1951, that I last saw the deceased alive on July 9, 1951 , and that death occurred at 11 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE [Signature] 0 (Degree or title) M.D.				23b. ADDRESS Tarkio, Mo.		23c. DATE SIGNED 7/17/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 7/25/51		24c. NAME OF CEMETERY OR CREMATORY Home Cemetery		24d. LOCATION (City, town, or county) (State) Tarkio, Mo.	
DATE REC'D BY LOCAL REG. July 24, 1951		REGISTRAR'S SIGNATURE Marvin H. Schaller 443		25. FUNERAL DIRECTOR'S SIGNATURE Davis Funeral Home		ADDRESS Tarkio, Mo.	



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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.

Student Embalmer No.

Signed _____

John M. Davis

Signed.....
Student Embalmer

Licensed Embalmer No. 2394

P. O. Address Tarkio, 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.