

FILED AUG 7 1951

STANDARD CERTIFICATE OF DEATH

228225
State File No.

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 5477 Registrar's No. 104

2400
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Madison</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>2309 1/2 Mabel</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Crowder State Park.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Billy</u> b. (Middle) <u>DEAN</u> c. (Last) <u>Stevens.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 16 1951</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>MARCH 17 1929</u>		9. AGE (In years last birthday) <u>22</u>		IF UNDER 1 YEAR (Month) (Day) (Year) <u>3 29</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Foreman over loading crew</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Food processing</u>		11. BIRTHPLACE (State or foreign country) <u>Grundy county</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>HARRY STEVENS.</u>		13b. MOTHER'S MAIDEN NAME <u>Essie Schooler</u>		14. NAME OF HUSBAND OR WIFE <u>FRANCES STEVENS.</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>497-28-4307</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frances Stevens Trenton, Missouri</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the cause of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Drowning</u>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) _____			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>69298</u>	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>42</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Lake Crowder Park</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Trenton Grundy MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-16-1951 1:25 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Drown while swimming</u>	

22. I hereby certify that I attended the deceased from on 7-16-1951, to as coroner, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:25 PM., from the causes and on the date stated above.

23a. SIGNATURE <u>W. A. Johnson</u>		23b. ADDRESS <u>Trenton MO</u>		23c. DATE SIGNED <u>7-18-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-19-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Trenton, Missouri.</u>	
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DATE REC'D BY LOCAL REG. <u>7-19-51</u>		REGISTRAR'S SIGNATURE <u>Jean J. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>DAVIS-Blackmore</u>		ADDRESS <u>Trenton, Mo.</u>	
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AUG 18 1951

AUG 17 1951

JUL 27 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 _____

Boyls E Williamson

working under my personal supervision.

Student Embalmer No. 422

Signed *Boyls E Williamson*
Student Embalmer

Signed *Raymond A Davis*

Licensed Embalmer No. 3424

P. O. Address *Jenetta 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.