

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15484**

S. No. 300 MAY 19 1952
v. 10.48

BIRTH NO.		REG. DIST. NO. 1	PRIMARY REG. DIST. NO. 3000	Registrar's No. 180	
1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Iowa b. COUNTY Van Buren			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. LENGTH OF STAY (In this place) 9 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bonaparte 8140	
d. FULL NAME OF HOSPITAL OR INSTITUTION Laughlin		d. STREET ADDRESS (If rural, give location) 8			
3. NAME OF DECEASED (Type or Print) a. (First) Leon		b. (Middle) Stevens		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) May 9, 1952.					
5. SEX M	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 16, 1892	9. AGE (In years last birthday) 60 IF UNDER 1 YEAR Months Days IF UNDER 10 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		10b. KIND OF BUSINESS OR INDUSTRY Barber		11. BIRTHPLACE (City and State or Foreign Country) Bonaparte, Iowa	
12. CITIZEN OF WHAT COUNTRY? A.					
13a. FATHER'S NAME William Stevens		13b. MOTHER'S MAIDEN NAME Mary Jane		14. NAME OF HUSBAND OR WIFE Anna Behrens Toten Stevens	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. I.		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Stevens, Bonaparte, Iowa	
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) Cancer of stomach with extension to spleen and pelvis associated with profound hemorrhage ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) associated with profound hemorrhage DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Profound and prolonged surgical shock			INTERVAL BETWEEN ONSET AND DEATH unknown
19a. DATE OF OPERATION 5-9-52		19b. MAJOR FINDINGS OF OPERATION splenectomy, partial gastrectomy, biopsy 151X		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)		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 4-30-52, 19 , to 5-9-52, 19 , that I last saw the deceased alive on 5-9-52, 19 , and that death occurred at 7:05 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE <i>Paul Lambert</i>		23b. ADDRESS D.O. Kirksville, Mo.		23c. DATE SIGNED 5-10-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5/10/52		24c. NAME OF CEMETERY OR CREMATORY White	
24d. LOCATION (City, town, or county) (State) Bonaparte, Iowa.					
DATE REC'D BY LOCAL REG. 5-9-52		REGISTRAR'S SIGNATURE <i>Paul Lambert</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Paul Lambert</i> Kirksville, Mo.	

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Richard H. Bandall

Licensed Embalmer No. 4866

P. O. Address Fiskville 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.