

No. 300
10.48

FILED JUN 30 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19996

State File No.

BIRTH NO. _____ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4176 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Malden</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Malden</u>	
c. LENGTH OF STAY (in this place) <u>40 Yr</u>		d. STREET ADDRESS (If rural, give location) <u>409 N. Decatur</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>409 N. Decatur</u>			

3. NAME OF DECEASED (Type or Print) <u>LENZIE CAROL STEVENSON</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 20 1952</u>
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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>1878</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>		11. BIRTHPLACE (State or foreign country) <u>ARKANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>		

13a. FATHER'S NAME <u>SUMMERFIELD STEVENSON</u>	13b. MOTHER'S MAIDEN NAME <u>MATILDA C. SMITH</u>	14. NAME OF HUSBAND OR WIFE <u>TRIXSYE C. STEVENSON</u>
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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>491-18-5662</u>	17. INFORMANT'S SIGNATURE OR NAME <u>TRIXSYE C. STEVENSON</u>	ADDRESS <u>MALDEN</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u>
	ANTECEDENT CAUSES *Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis, generalized</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 15 May 1951, to 20 May 1952, that I last saw the deceased alive on 20 May 1952, and that death occurred at 12:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Walter Williams M.D.</u>	23b. ADDRESS <u>Malden, Mo.</u>	23c. DATE SIGNED <u>21 May 52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAY 21</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PARK CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>MALDEN M.O.</u>
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DATE REC'D BY LOCAL REG. <u>May 20-52</u>	REGISTRAR'S SIGNATURE <u>J. D. Schuman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>DAY FUNERAL HOME</u>	ADDRESS <u>MALDEN.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

351

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 6-9-52

COUNTY FILE NUMBER 652-146

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 *J. D. Schuman*

Licensed Embalmer No. 4086

P. O. Address *Malden*

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.