

FILED JUL 7 1952

STANDARD CERTIFICATE OF DEATH

State File No. 23279

BIRTH NO. _____ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 1/1/2 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>SCOTLAND COUNTY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILL</u> b. COUNTY <u>HENDERSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL DEFF</u> c. LENGTH OF STAY (in this place) <u>2 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>LITTLE YORK</u> <u>8120</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>RURAL</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) <u>GARDNER</u> c. (Last) <u>STEVENS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7</u> <u>4</u> <u>52</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>1-22-96</u>	9. AGE (In years last birthday) <u>56</u>	10. UNDER 1 YEAR: Months <u>5</u> Days <u>12</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STOCK BUYER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>STOCK BUYER</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>KEATHSBURG ILL</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>GEO D STEVENS</u>	13b. MOTHER'S MAIDEN NAME <u>NOT KNOWN</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Robert Stevens Jr. Monmouth Ill</u> ADDRESS

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 hrs</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	DUE TO (c) _____		
11. 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"/>
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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 4, 1952 to July 4, 1952, that I last saw the deceased alive on July 4, 1952, and that death occurred at 1030 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>L. E. Louie Do.</u> (Degree or title)	23b. ADDRESS <u>Memphis TN</u>	23c. DATE SIGNED <u>7/4/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>7/7/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Monmouth Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Monmouth Ill</u>
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DATE REC'D BY LOCAL REG. <u>7/5/52</u>	REGISTRAR'S SIGNATURE <u>Vera Turner</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bill Payne & Sons</u> ADDRESS <u>Memphis</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

990

STATEMENT BY LICENSED EMBALMER

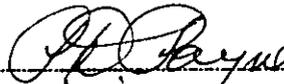
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. 2196

P. O. Address Memphis, 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.