FILED MAY 22 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17465

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 135

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jefferson City, Mo
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) (In Route to Hospital)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Texas
b. COUNTY Gonzales
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gonzales, Texas 8420
d. STREET ADDRESS (If rural, give location) 8

3. NAME OF DECEASED (Type or Print)
a. (First) Johnie
b. (Middle)
c. (Last) Stevens

4. DATE OF DEATH (Month) May (Day) 16th (Year) 195

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /

8. DATE OF BIRTH 6 Oct 1895

9. AGE (In years last birthday) 57 — If under 1 year: Months 7 Days 10 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Show-Man (W/Circus)

10b. KIND OF BUSINESS OR INDUSTRY Circus

11. BIRTHPLACE (City and State or Foreign Country) Texas, Huntsville. /

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Mae Stevens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S ~~SIGNATURE~~ OR NAME Mrs H. M. Chapell Gonzales, Texas — 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Immed.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Hypertension — ?

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 4201

20. AUTOPSY? YES ☐ NO ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/16/ 1953 *to* 5/16/ 1953 *that I last saw the deceased alive on* 5/16/ 1953 *and that death occurred at* 4:55 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) S. C. Howard D.D.

23b. ADDRESS Vienna, Mo.

23c. DATE SIGNED 5/16/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial & Removal

24b. DATE 20 May 53

24c. NAME OF CEMETERY OR CREMATORY City Cemetary

24d. LOCATION (City, town, or county) Gonzales, Texas (State)

DATE REC'D BY LOCAL REG. May 18-1953

REGISTRAR'S SIGNATURE R. P. Dorris MD - M.R.O.

25. FUNERAL DIRECTOR'S SIGNATURE M. C. Cummings — ADDRESS Vienna, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 25 1953

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. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.