U.S. M. ...
Rev. 10-48

FILED JUN 15 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17875

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY: IRON 0470 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): IRONTON
c. LENGTH OF STAY (In this place): 8 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. MARY'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MADISON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - ST. MICHAELS TOWNSHIP 1 1530
d. STREET ADDRESS (If rural, give location): 2 MI. E. of FREDERICKTOWN

3. NAME OF DECEASED (Type or Print)
a. (First): MARGARET
b. (Middle): FRANCES
c. (Last): STEVENSON

4. DATE OF DEATH (Month) (Day) (Year): MAY 29, 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: MAY 12, 1889
9. AGE (In years last birthday): 64
If under 1 year: Months —; Days 17
If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MADISON COUNTY, MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: THOMAS JEFFERSON DOWNS
13b. MOTHER'S MAIDEN NAME: SARAH LOUISA CARLTON
14. NAME OF HUSBAND OR WIFE: L.E. STEVENSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: L.E. STEVENSON ADDRESS: FREDERICKTOWN, MO.

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) acute generalized peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) perforation of gall bladder — ?
DUE TO (c) partial bowel obstruction — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 586 X

19a. DATE OF OPERATION: 5-28-53
19b. MAJOR FINDINGS OF OPERATION: perforation gall bladder, peritonitis, partial obstruction
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* 5-21-53, 19__, *to* 5-29-53, 19__, *that I last saw the deceased alive on* 5-29-53, 19__, *and that death occurred at* 3:50 P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE: R.E. Harland (Degree or title): M.D.
23b. ADDRESS: Ironton Mo.
23c. DATE SIGNED: 6/1/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MAY 31, 1953
24c. NAME OF CEMETERY OR CREMATORY: CHRISTIAN CEMETERY
24d. LOCATION (City, town, or county) (State): MADISON CO. MO.

DATE REC'D BY LOCAL REG.: 6-12-53
REGISTRAR'S SIGNATURE: Mrs. Avis Jones
25. FUNERAL DIRECTOR'S SIGNATURE: H. Adamson ADDRESS: FREDERICKTOWN, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

Hebb Adamson
Fred Mo

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 Raymond Wilson

Licensed Embalmer No. 4884

P. O. Address Fredericktown

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.