

FILED JUL 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24469**
Registrar's No. **643-B**

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Christian	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) 0220 OR TOWN Chadwick	
c. LENGTH OF STAY (In this place) 17 Hrs.		d. STREET ADDRESS (If rural, give location) No Street Address	
d. FULL NAME OF HOSPITAL OR INSTITUTION ZARK OSTEOPATHIC HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Henry c. (Last) Stevens			4. DATE OF DEATH (Month) (Day) (Year) July 9, 1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 10/20/1894		9. AGE (In years last birthday) 58		10. BIRTHPLACE (State or foreign country) Garrison, Missouri	
11. BIRTHPLACE (State or foreign country) Garrison, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming			

13a. FATHER'S NAME AUSTIN Otto Stevens		13b. MOTHER'S MAIDEN NAME Emma Ball		14. NAME OF HUSBAND OR WIFE Kathryne Cooley Stevens	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War # 1		16. SOCIAL SECURITY NO. no.		17. INFORMANT'S SIGNATURE OR NAME Kathryne C. Stevens, Chadwick, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory failure.					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) Coronary Thrombosis			
		DUE TO (c) Arteriosclerosis.			
		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"/>	
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 **7/8/53**, 19**53**, to **7/9/53**, 19**53**, that I last saw the deceased alive on **7/9/53**, 19**53**, and that death occurred at **5:00 AM**, from the causes and on the date stated above.

23a. SIGNATURE William R. Kugel (Degree or title) 2		23b. ADDRESS Springfield, Mo.		23c. DATE SIGNED 7/9/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/11/53		24c. NAME OF CEMETERY OR CREMATORY Garrison Cemetery	
				24d. LOCATION (City, town, or county) (State) Garrison, Missouri	
DATE REC'D BY LOCAL REG. 7-13-53		REGISTRAR'S SIGNATURE Earl Williamson		25. FUNERAL DIRECTOR'S SIGNATURE Johanna Harris ADDRESS Clever, Mo.	

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

JUL 21 1953

JUL 23 1953

JUL 21 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 _____

John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Cleveland, 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.