

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7749**

FILED MAR 29 1954

BIRTH NO. _____ REG. DIST. NO. **37** PRIMARY REG. DIST. NO. **4049** Registrar's No. **11**

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Centralia, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hallsville 0100	
d. FULL NAME OF HOSPITAL OR INSTITUTION Way Nursing Home		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Leslie	b. (Middle) Combs	c. (Last) Stevinson	4. DATE OF DEATH (Month) (Day) (Year) Mar. 24 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 9-30-74	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired barber	10b. KIND OF BUSINESS OR INDUSTRY Barber	11. BIRTHPLACE (State or foreign country) South of Hallsville, Co. Boone	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Samuel M. Stevenson	13b. MOTHER'S MAIDEN NAME Edith Anderson Braton	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Miss Jennie Carpenter	ADDRESS Centralia, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart disease Pulmonary edema		1 year 3 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac failure		1 year
DUE TO (c) Pulmonary edema Heart disease		1 year	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis		10 years	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4343	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 **Jan. 11, 1953** to **Mar. 24, 1954**, that I last saw the deceased alive on **Mar. 23, 1954**, and that death occurred at **11:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Gladys P. Sutherland, M.D.	23b. ADDRESS 110 W. Sneed St. Centralia, Mo.	23c. DATE SIGNED 3-25-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 26-1954	24c. NAME OF CEMETERY OR CREMATORY Old Top Cem.	24d. LOCATION (City, town, or county) (State) Hallsville, Mo.
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DATE REC'D BY LOCAL REG. Mar. 25-1954	REGISTRAR'S SIGNATURE Maud McBrich	30. _____	25. FUNERAL DIRECTOR'S SIGNATURE Parker Funeral Service	ADDRESS Columbia
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 21 1954

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

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Tom McGarg

Licensed Embalmer No.

4067

P. O. Address

Columbia

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.