

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8423**

FILED MAR 16 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **140** PRIMARY REG. DIST. NO. **3024** Registrar's No. **20**

1. PLACE OF DEATH a. COUNTY <b>Howard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cooper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fayette</b>	c. LENGTH OF STAY (in this place) <b>2 Days</b>	c. CITY OR TOWN <b>Boonville</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lee Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>Rural, Boonville Twsp.</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Emil</b>	b. (Middle) <b>E.</b>	c. (Last) <b>Stevens</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 2 1954</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 19<sup>th</sup> 1893</b>	9. AGE (In years last birthday) <b>60</b>	10. MONTHS <b>0</b>	11. DAYS <b>0</b>	12. HOURS <b>0</b>	13. MIN. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <b>Shoe worker</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe Factory</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Cooper County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Edward Stevens</b>	13b. MOTHER'S MAIDEN NAME <b>Louise Carey</b>	14. NAME OF HUSBAND OR WIFE <b>Elizabeth Cramer Stevens</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>496-05-1947</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Emil E. Stevens</b>	ADDRESS <b>Boonville, Mo.</b>
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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 <b>5 yrs.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>pulmonary emphysema</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>none</b> 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 <b>none</b>	19b. MAJOR FINDINGS OF OPERATION <b>5271</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>natural</b>	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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **March 1954** to **March 2, 1954**, that I last saw the deceased alive on **March 2, 1954**, and that death occurred at **5A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Mrs. J. Sharr, J. M. D.</b>	23b. ADDRESS <b>Lee Hosp, Fayette Mo</b>	23c. DATE SIGNED <b>2-4-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>March 5 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Old Lamine</b>	24d. LOCATION (City, town, or county) (State) <b>Cooper County, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>3-2-54</b>	REGISTRAR'S SIGNATURE <b>Mary K. Shell</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Goodman &amp; Boller</b>	ADDRESS <b>Boonville, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 28 1928

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.....  
Signature of Student Embalmer

Signed *G. F. Roller*.....

Licensed Embalmer No. *3062*

P. O. Address *Boonwill*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.