

MAY 26 1954

STANDARD CERTIFICATE OF DEATH

State File No. **16374**

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>204</u>		
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper				
b. CITY (If outside corporate limits, write RURAL and give town) Joplin		c. LENGTH OF STAY (in this place) all life		c. CITY OR TOWN Joplin		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1701 Glover Ave.,				e. STREET ADDRESS (If rural, give location) 1701 Glover Ave.,				
3. NAME OF DECEASED a. (First) George		b. (Middle) Fredrick		c. (Last) Stevens		4. DATE OF DEATH (Month) (Day) (Year) 4-29-1954		
5. SEX Male <input checked="" type="checkbox"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 4-1-1889		
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher			10b. KIND OF BUSINESS OR INDUSTRY Meat retail			11. BIRTHPLACE (City and State or Foreign Country) Galena, Kansas		
12. CITIZEN OF WHAT COUNTRY? U. S.			13a. FATHER'S NAME George Stevens		13b. MOTHER'S MAIDEN NAME Safronia Pepper		14. NAME OF HUSBAND OR WIFE Hazel	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 500-09-2320		17. INFORMANT'S SIGNATURE OR NAME Hazel Stevens, 1701 Glover., Joplin, Mo				
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of the sigmoid with metastasis to the retroperitoneum and omentum.					INTERVAL BETWEEN ONSET AND DEATH 4 months.	
		ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Unknown.						
		DUE TO (c) _____						
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> None					153X	
19a. DATE OF OPERATION 1-13-54		19b. MAJOR FINDINGS OF OPERATION peritoneum and omentum. Adenocarcinoma of the sigmoid with metastasis to the retro-					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 <u>1-7</u> , 19 <u>54</u> , to <u>4-29</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>4-27</u> , 19 <u>54</u> , and that death occurred at <u>5:30</u> p.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) B. S. D. Stevens, M. D.				23b. ADDRESS 410 Jackson Ave., Joplin, Mo.		23c. DATE SIGNED 5-8-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-1-1954		24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery		24d. LOCATION (City, town, or county) (State) Joplin, Missouri		
DATE REC'D BY LOCAL REG. 5-14-54		REGISTRAR'S SIGNATURE by Delores L. Lanphier 138		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thornhill-Dillon Mortuary, Joplin, Mo				

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

JUN 14 1955

MAY 28 1955

RECEIVED MAY 24
Jasper County Health O
County File Number 54-5
Date Filed MAY 24

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 *William E. Huddleston*

Licensed Embalmer No. 417

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