

FILED DEC 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40382**

BIRTH NO. _____ REG. DIST. NO. **144** PRIMARY REG. DIST. NO. **4236** Registrar's No. **85**

1. PLACE OF DEATH a. COUNTY IRON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY IRON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DES ARC	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN DER ARC	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		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) AUSTIN c. (Last) STEVENSON			4. DATE OF DEATH (Month) (Day) (Year) DEC. 8 55		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 5 1886	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR: Months 2 Days 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARM	11. BIRTHPLACE (City and State or Foreign Country) VULCAN, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME THOMAS B. STEVENSON		13b. MOTHER'S MAIDEN NAME NANCY LEWIS		14. NAME OF HUSBAND OR WIFE DOVIE STEVENSON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give date of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS DOVIE STEVENSON DES ARC, 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH
	2. ANTECEDENT CAUSES DUE TO (b) Myocarditis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	

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 <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 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 3:30P m., from the causes and on the date stated above.

23a. SIGNATURE <i>Dr. H. H. ...</i>	(Degree or title) Coroner	23b. ADDRESS Ironton Mo.	23c. DATE SIGNED 12-9-55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12/10/55	24c. NAME OF CEMETERY OR CREMATORY MOUNTAIN VIEW	24d. LOCATION (City, town, or county) (State) DES ARC MO.
DATE REC'D BY LOCAL REG. 12-12-55	REGISTRAR'S SIGNATURE <i>Miss ...</i>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>W. H. ...</i> Bedmont	

Licensed Embalmer's Statement on Reverse Side

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

DEC 29 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 me, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Martin E. Bowler

Licensed Embalmer No. 44

P. O. Address Redmond

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.