

FILED APR 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14090

| | | | | | | | |
|--|--|--|------------------|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>234</u> | | PRIMARY REG. DIST. NO. <u>4349</u> | | Registrar's No. <u>316</u> | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | | | |
| a. COUNTY <u>Morgan</u> | | b. COUNTY <u>Morgan</u> | | a. STATE <u>Missouri</u> | | b. COUNTY <u>Morgan</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Stover</u> | | c. LENGTH OF STAY (in this place) <u>2 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Stover</u> | | d. STREET ADDRESS (If rural, give location) <u>None</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Stover Mo.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>None</u> | | | |
| 3. NAME OF DECEASED | | | 4. DATE OF DEATH | | | | |
| a. (First) <u>Perry</u> | | b. (Middle) <u>Lee</u> | | c. (Last) <u>Stevinson</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 14, 1956</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>April 9, 1885</u> | |
| 9. AGE (In years last birthday) <u>71</u> | | IF UNDER 1 YEAR Months <u>0</u> Days <u>5</u> | | IF UNDER 10 HRS. Hours <u>5</u> Mins. <u></u> | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hotel Manager</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Hotel Manager</u> | | 11. BIRTHPLACE (State or foreign country) <u>Ray County Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Williamson Stevenson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Williams</u> | | 14. NAME OF HUSBAND OR WIFE <u>Zula Stevenson</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>491-01-8886</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jewell Stevenson Stover, Missouri</u> | | | |
| 18. CAUSE OF DEATH | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| Enter only one cause per line for (a), (b), and (c) | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>medullary paralysis</u> | | | | <u>Minutes</u> | |
| *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 | | | | <u>weeks.</u> | |
| | | DUE TO (b) <u>Thrombotic encephalomalacia with cerebral hemorrhage</u> | | | | <u>years</u> | |
| | | DUE TO (c) <u>arteriosclerosis</u> | | | | | |
| | | 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"/> | |
| | | | | | | <u>331x</u> | |
| 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>April 10, 1954</u> , to <u>April 14, 1956</u> , that I last saw the deceased alive on <u>April 14, 1956</u> , and that death occurred at <u>5:45 P. M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Thomas P. Wescott, D.O.</u> | | | | 23b. ADDRESS <u>Stover, Missouri</u> | | 23c. DATE SIGNED <u>April 16, 1956</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u> | | 24b. DATE <u>April 16, 1956</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Stover Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Stover Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>April 18-1956</u> | | REGISTRAR'S SIGNATURE <u>Wm. L. Ripberger</u> | | FUNERAL DIRECTOR'S SIGNATURE <u>John R. Scriber</u> | | ADDRESS <u>Stover, Mo.</u> | |

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

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 Jama R. Scrimer

Licensed Embalmer No. 4880

P. O. Address Uxbridge, 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.