

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5430

FILED FEB 18 1957

STATE FILE NUMBER

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Chariton</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Brookfield, Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Salisbury, Mo</u>		0210 0 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cramer Nursing</u>			Length of stay in lb <u>5 mo</u>	d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Ardelia</u> Middle <u>Mae</u> Last <u>Stevenson</u>				4. DATE OF DEATH Month <u>9</u> Day <u>9</u> Year <u>57</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>3-31-1868</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>8</u>	IF UNDER 24 HRS. Hours <u>9</u> Min. <u>45</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13. FATHER'S NAME <u>John Coleman</u>				14. MOTHER'S MAIDEN NAME <u>Susan Bradley</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Byard Stevenson Brookfield, Mo</u> Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u> DUE TO (b) <u>Arteriosclerosis, generalized & cerebral</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH <u>4 mo.</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY - Hour <u>2:45</u> a. m. <u>P</u> Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Brookfield Mo</u>			COUNTY <u>Mo</u> STATE
21. I attended the deceased from <u>12-27</u> to <u>2-9-57</u> and last saw <u>her</u> alive on <u>2-5-57</u> Death occurred at <u>2:45</u> <u>P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>John R. Dixon M.D.</u> (Degree or title)				22b. ADDRESS <u>Brookfield Mo</u>		22c. DATE SIGNED <u>2-10-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>2-11-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Corinth</u>		23d. LOCATION (City, town, or county) (State) <u>Keokuk, Mo</u>			
24. FUNERAL DIRECTOR <u>James M. Laughlin</u> ADDRESS <u>Marceline, Mo</u>			25. DATE RECD. BY LOCAL REG. <u>2-11-57</u>		26. REGISTRAR'S SIGNATURE <u>Katharine Johnson Dep.</u>		

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

17-0

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 *George B. [unclear]*
Licensed Embalmer No. *44*

P. O. Address *Marshall*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING,
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.