

FILED APR 9 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **7573**BIRTH NO. _____ REG. DIST. NO. **32** PRIMARY REG. DIST. NO. **5112^a** Registrar's No. **23**

1. PLACE OF DEATH a. COUNTY Bollinger				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bollinger			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Scopus		c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN Marble Hill 0090		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 Home				e. STREET ADDRESS (If rural, give location) Marble Hill RR#1			
3. NAME OF DECEASED (Type or Print) a. (First) ASA b. (Middle) JEFFERSON c. (Last) STEVENS			4. DATE OF DEATH (Month) (Day) (Year) 3-31-57				
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 6, 1872		9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) 0 Scopus, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Harrison Stevens			13b. MOTHER'S MAIDEN NAME Mary Cook		14. NAME OF HUSBAND OR WIFE Sarah Jane		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Thomas S. Stevens, Marble Hill, 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.							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atherosclerotic heart disease - uncompensated.							
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Possible carcinomatosis.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE X (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) X		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) X		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? X			
22. I hereby certify that I attended the deceased from 4/26 , 19 56 , to death , 19 57 , that I last saw the deceased alive on 3/22 , 19 57 , and that death occurred at 10:30 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE D. Breece M.D.				23b. ADDRESS Marble Hill, Mo.		23c. DATE SIGNED 4/4/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-2-57	24c. NAME OF CEMETERY OR CREMATORY Cook Cemetery		24d. LOCATION (City, town, or county) (State) Scopus, Mo		
DATE REC'D BY LOCAL REG. 4/6/57		REGISTRAR'S SIGNATURE Mrs. Buford Crade			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gene Ward, Louisville Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

528

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 *R. O. Lains*.....

Licensed Embalmer No. *45-38*.....

P. O. Address *Jackson M*.....

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.