

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7976**

FILED MAR 27 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **70** PRIMARY REG. DIST. NO. **4124** Registrar's No. **19**

1. PLACE OF DEATH a. COUNTY <b>Clark</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Clark</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kahoka</b>		c. CITY OR TOWN <b>Luray 0230</b>	
c. LENGTH OF STAY (in this place) <b>2 months</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mitchell Nursing Home 4</b>		e. STREET ADDRESS (If rural, give location) <b>Wyaconda Sp.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Toney</b> b. (Middle) <b>A.</b> c. (Last) <b>Stevens</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 16, 1957</b>		
5. SEX <b>f</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug. 13, 1883</b>	9. AGE (in years last birthday) <b>73</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Willetts Station, Iowa</b>	
12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>					

13a. FATHER'S NAME <b>Israel B. Chamberlain</b>	13b. MOTHER'S MAIDEN NAME <b>Lucy I</b>	14. NAME OF HUSBAND OR WIFE <b>Albert Stevens</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>R. L. Stevens Ottumwa, Kansas</b>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Adoan Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>0</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **3/16, 1957** to **3/16, 1957**, that I last saw the deceased alive on **3/16, 1957**, and that death occurred at **490X** m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. P. Bridgman MD</b> (Degree or title)	23b. ADDRESS <b>Kahoka Mo</b>	23c. DATE SIGNED <b>3/16-57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>March 17, 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Combs Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Luray, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>3/16-57</b>	REGISTRAR'S SIGNATURE <b>J. P. Bridgman</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Gertrude Baskett</b> ADDRESS <b>Memphis Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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... *Albert C. Gerth* .....

Licensed Embalmer No. *425* .....

P. O. Address *Memphis* .....

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.