

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022617
STATE FILE NUMBER

FILED JUN 23 1958

Registration District No. 211 Primary Registration District No. 4324 Registrar's No. 15-58

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY OZARK	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tuscumbia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Hammond
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Humphreys-Hospital		Length of stay in lb 24 hrs	d. STREET ADDRESS (If outside, give location) 5770
3. NAME OF DECEASED (Type or print) First Middle Last William HANSEL Steverson			4. DATE OF DEATH Month Day Year June-8 1958
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 24 JAN-18 74
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister-FARMER		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 84 Months Days Hours Min.
11. BIRTHPLACE (City and state or country) Stoddard-Co-Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME NATAN-STEVEYSON		13b. MOTHER'S MAIDEN NAME NANCY-JANE-MOORE	14. NAME OF HUSBAND OR WIFE Elizabeth-GREEN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address Della-TANNABILL- Osage-Beach-Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDITIS Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) UREMIA DUE TO (c) PROSTATIC CARCINOMA 177X			INTERVAL BETWEEN ONSET AND DEATH 6 MONTHS 1 YEAR 4 YEARS
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.) None	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. None		20d. INJURY OCCURRED WHILE AT <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.) None		20f. CITY, TOWN, OR LOCATION COUNTY STATE None	
21. I attended the deceased from 6-7-58 to 6-8-58 and last saw him alive on 6-8-58 Death occurred at 6:09 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) L. S. Humphreys D.O.		22b. ADDRESS Tuscumbia-Mo	22c. DATE SIGNED 9 June 58 (State) Mo
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12 June-58	23c. NAME OF CEMETERY OR CREMATORY Thornfield
23d. LOCATION (City, town, or county) OZARK-Co-		24. FUNERAL DIRECTOR ADDRESS Keith M. Kays ELDON Mo	
25. DATE RECD. BY LOCAL REG. June 9, 1958		26. REGISTRAR'S SIGNATURE Mrs. A. E. Kallenbach	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED

JUN 17 '58

Miller County
Health Department

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 *Keith M. Kaye*

Licensed Embalmer No. *399*

P. O. Address *Eldon*

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.