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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-024754
STATE FILE NUMBER

FILED AUG 11 1958 Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 477

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Poplar Bluff Mo — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Lucy Lee Hospital — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Iron
c. CITY OR TOWN Des Arc 0470 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) None — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last: Bertha Emaline Stevenson
4. DATE OF DEATH Month Day Year: July 23 1958
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐
8. DATE OF BIRTH: March 12 1885
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 4 Days 11 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Keeper
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): Des Arc, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Lige Graham
13b. MOTHER'S MAIDEN NAME: Annie Wallis
14. NAME OF HUSBAND OR WIFE: John H. Stevenson
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.: None
17. INFORMANT Address: Glen A. Stevenson 122 N 3rd Piedmont, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cachexia and acute cholangitis — INTERVAL BETWEEN ONSET AND DEATH: 2 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic cholangitis and hepatitis — 2 Months
DUE TO (c) Common bile duct obstruction — 2 Months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cardiovascular Disease 585X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12:50 AM 7/23/58 - 10:50AM 7/23/58 and last saw her alive on 7/23/58 at 10:00AM
Death occurred at 10:50AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. R. Lougheed, M.D.
22b. ADDRESS: 330N. 2nd St.-Poplar Bluff, Mo.
22c. DATE SIGNED: 8/2/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-25-58
23c. NAME OF CEMETERY OR CREMATORY: Mt View
23d. LOCATION (City, town, or county) (State): Des Arc, Mo.

24. FUNERAL DIRECTOR ADDRESS: William Cooler Piedmont, Mo.
25. DATE RECD. BY LOCAL REG.: 8/2/58
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

RECEIVED
AUG 6 1958
BUTLER CO. HEALTH CENTER
FILE No.

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 Cader Funeral Home, Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed William Cader

Licensed Embalmer No. 3723

P. O. Address Piedmont, Al

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.