

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038748
STATE FILE NUMBER

FILED NOV 24 1958

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 364

300
1-57 4

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kirksville 06/30
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION C.N. H. #1		Length of stay in 1b	d. STREET ADDRESS 709 E. Line (If outside, give location)
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Verne Middle F. Last Stevens			4. DATE OF DEATH Month Nov. Day 17, Year 1958		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH March 9, 1884	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cafe Cook	10b. KIND OF BUSINESS OR INDUSTRY Cafe	11. BIRTHPLACE (City and state or country) Cantril, Iowa	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME John Stevens	13b. MOTHER'S MAIDEN NAME Gettie G. Temple	14. NAME OF HUSBAND OR WIFE X
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or No known) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. 490-10-6057	17. INFORMANT Bliss A. Stevens, Kirksville, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute overwhelming toxicity		INTERVAL BETWEEN ONSET AND DEATH Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Prostatism & ascending urinary infection	
	DUE TO (c) Benign Prostatic hypertrophy	unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal phase condition given in PART I (a) Generalized arteriosclerosis 610X		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	
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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	COUNTY	STATE
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21. I attended the deceased from **6-8-57** to **11-17-58** and last saw him alive on **11-17-58**
Death occurred at **11:20 A** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George H. Scheuer, D.O. (Degree or title)	22b. ADDRESS Kirksville, Mo.	22c. DATE SIGNED 11-18-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/19/58	23c. NAME OF CEMETERY OR CREMATORY Cantril Cemetery	23d. LOCATION (City, town, or county) (State) Cantril, Iowa
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24. FUNERAL DIRECTOR Paul M. [Signature] ADDRESS Kirksville, Mo.	25. DATE RECD. BY LOCAL REG. 11-18-58	26. REGISTRAR'S SIGNATURE Doris W. Ratliff
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.

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 *Richard R. Ellis*

Licensed Embalmer No. *5036*

P. O. Address *Harbairley, Mo.*

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.