

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041041

STATE FILE NUMBER

FILED DEC 4 1958

Registration District No. 277 Primary Registration District No. 4411 Registrar's No. 56

300
1-57

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|--|---------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY Pike | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Pike | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bowling Green | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Bowling Green |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 16 & Centennial | | Length of stay in 1b 3 Yrs | d. STREET ADDRESS (If outside, give location) 16 & Centennial |
| 3. NAME OF DECEASED (Type or print) First Middle Last FREDDIE BENJAMIN STEVENS | | | 4. DATE OF DEATH Month Day Year Nov 24 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 Jan 1 1896 |
| 9. AGE (In years last birthday) 62 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired telephone employ | 11. BIRTHPLACE (City and state or country) Joplin, Mo. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | 12. CITIZEN OF WHAT COUNTRY? US |
| 13a. FATHER'S NAME Bertram Stevens | | 13b. MOTHER'S MAIDEN NAME May McCullen | 14. NAME OF HUSBAND OR WIFE Marie Stevens |
| 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. 488 10 3833 | 17. INFORMANT Address Marie Stevens, Bowling Green, 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) <u>Coronary occlusion</u> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201 | | | INTERVAL BETWEEN ONSET AND DEATH ? |
| 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.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 | |
| 21. I attended the deceased from _____ to _____ and last saw him/her on Nov 24 Death occurred at 2 P m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) J. B. Mudd, Coroner 3 | | 22b. ADDRESS Bowling Green, Mo | 22c. DATE SIGNED Nov 25 58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Nov. 28 58 | 23c. NAME OF CEMETERY OR CREMATORY City Cemetery | 23d. LOCATION (City, town, or county) (State) Ferguson Mo. |
| 24. FUNERAL DIRECTOR J. O. Mudd Bowling Green, Mo. | | 25. DATE RECD. BY LOCAL REG. 11-26-58 | 26. REGISTRAR'S SIGNATURE Bill Robinson |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

JAN 5 1959

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 *James O. Mudd*

Licensed Embalmer No. *4152*

P. O. Address *Bonaville, N.C.*

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.

DEC 11 1959