

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005340

STATE FILE NUMBER

FILED MAR 5 1959 Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 18

300
-57

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fayette, Missouri		c. CITY OR TOWN Fayette ⁶⁴⁵⁰	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lee Hospital		d. STREET ADDRESS (If outside, give location) R.R. 4 Richmond Twp.	
Length of stay in 1b 12 hrs		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First LOGAN Middle ROSS Last STEVENS			4. DATE OF DEATH Month FEB. Day 24 Year 1959		
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 Dec. 20, 1889		9. AGE (In years last birthday) 69 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY self		11. BIRTHPLACE (City and state or country) Ohio County, Kentucky	
13a. FATHER'S NAME Alonzo C. Stegens			13b. MOTHER'S MAIDEN NAME Fannie Bernard		14. NAME OF HUSBAND OR WIFE Roseina Viola Knight
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. 496-07-0528		17. INFORMANT Mrs L. R. Stevens Address R.R. 4 Fayette, 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) Traumatic Shock			INTERVAL BETWEEN ONSET AND DEATH 12 hrs		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Compound comminuted fracture of lower & upper jaw 9/20					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

20a. ACCIDENT <input checked="" 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.) Struck with board from Saw Mill Machine			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		045			

20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION Fayette	
		COUNTY Howard		STATE Mo	

21. I attended the deceased from 2-24-59 to 2-24-59 and last saw her alive on 2-24-59 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			22a. SIGNATURE W. Bloom (Degree or title) M.D.		
			22b. ADDRESS Fayette Mo		22c. DATE SIGNED 2-26-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2/26/1959		23c. NAME OF CEMETERY OR CREMATORY FairView Cemetery	
				23d. LOCATION (City, town, or county) (State) Liberty, Missouri	
24. FUNERAL DIRECTOR Ralph A. Carr		ADDRESS Fayette, Mo.		25. DATE RECD. BY LOCAL REG. 2-26-59	
				26. REGISTRAR'S SIGNATURE Mary K. Shell	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAR 18 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, ~~only~~, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Ralph A. Carr*

Licensed Embalmer No. *3340*

P. O. Address *Fayette, 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.