

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 16 1960 353

Registration District No. Primary Registration District No. 6196

Registrar's No. 2

STATE FILE NUMBER -59-047089

1. PLACE OF DEATH a. COUNTY Texas				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Texas					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kinderpost, Mo.		Length of stay in 1b 2 mos.		c. CITY OR TOWN Kinderpost		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Loyce Middle Darlene Last Stevenson				4. DATE OF DEATH Month 12- Day 24 Year 59					
5. SEX Female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-26-59	9. AGE (last birthday) IF UNDER 1 YEAR Months 2 Days 2 Hours Min. 		IF UNDER 24 HR Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Houston, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Roy Stevenson			13b. MOTHER'S MAIDEN NAME Phyllis Lay			14. NAME OF HUSBAND OR WIFE			
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 Rt. Address Roy Stevenson-Licking, 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) Cardiac + pulmonary arrest							INTERVAL BETWEEN ONSET AND DEATH 1 day.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Severe pulmonary congestion		DUE TO (c) bilateral lobar pneumonia.					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)					
20c. TIME OF INJURY Hour a.m. p.m. 		Month, Day, Year 							
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	
21. I attended the deceased from Deacon arrival to 11:00 and last saw her/him alive on A m on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at 11:00									
22a. SIGNATURE (Deceased or heir) B. J. Myers D.O.				22b. ADDRESS Licking, Mo.				22c. DATE SIGNED 1-4-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-26-59	23c. NAME OF CEMETERY OR CREMATORY Long Hollow Cem.		23d. LOCATION (City, town, or county) Texas County, Mo.		(State)			
24. FUNERAL DIRECTOR Raymond E. Duff-Houston, Mo.				25. DATE RECD. BY LOCAL REG. Feb. 6, 1960		26. REGISTRAR'S SIGNATURE Elmara E. Hesse			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Frank E. The

Licensed Embalmer No. 40

P. O. Address Houston

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.