

U.S. DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005063

FILED VS FEB 16 1960 27

STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 3000 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Bates				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY CASS			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler		Length of stay in 1b 6 Hours		c. CITY OR TOWN ARCHIE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Butler Memorial Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ALBERT Middle HENRY Last STEVENS			4. DATE OF DEATH Month Feb Day 7 Year 1960				
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH JULY 13 1876	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant			10b. KIND OF BUSINESS OR INDUSTRY CASS Co. Missouri		11. BIRTHPLACE (City and state or country) MO. MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME HAMILTON H. STEVENS			13b. MOTHER'S MAIDEN NAME Jeanette STEVENS		14. NAME OF HUSBAND OR WIFE ANNA MAUDE 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. no	17. INFORMANT Address Robert STEVENS ARCHIE, 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) Acute pulmonary edema DUE TO (b) Bradycardic moria DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 4 hrs. 2 days
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 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.) None			
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____ None	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.) None	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE		
21. I attended the deceased from _____ to _____ and last saw him ^{being} alive on 2/7/60 Death occurred at 12/30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Douglas P. Rowland M.D.			22b. ADDRESS Butler, Mo		22c. DATE SIGNED 2/8/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2-9-1960	23c. NAME OF CEMETERY OR CREMATORY CRESCENT Hill Cemetery		23d. LOCATION (City, town, or county) (State) ADRAIN, Missouri			
24. FUNERAL DIRECTOR ATKINSON Dickey ARCHIE, MO.			ADDRESS	25. DATE RECD. BY LOCAL REG. Feb. 8 - 1960	26. REGISTRAR'S SIGNATURE Randall Korum		

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 Robert W. Atkinson

Licensed Embalmer No. 4902

P. O. Address Anniston

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.