

FEDERAL BUREAU OF INVESTIGATION U.S. DEPARTMENT OF JUSTICE

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010264

FILED VS APR 6 1960 70

Registration District No. _____ Primary Registration District No. 4124 Registrar's No. 25

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY CLARK		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KAHOKA		a. STATE MO		b. COUNTY CLARK	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b 4090		c. CITY OR TOWN KAHOKA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS 254 West Exchange		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First JOSEPH		Middle FRANKLIN		Last STEVENSON		Month March Day 13 Year 1960	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH APRIL 18, 1920	9. AGE (last birthday) 79	IF UNDER 1 YEAR		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired TRUCKER		10b. KIND OF BUSINESS OR INDUSTRY TRUCKING		11. BIRTHPLACE (City and state or country) FAYETTE CO. PENNA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME ALFRED P. STEVENSON		13b. MOTHER'S MAIDEN NAME SARAH ELLEN GARDNER		14. NAME OF HUSBAND OR WIFE ELLA C MARTIN			
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. 486-22-5135A		17. INFORMANT Kelly Witt Address Kahoka, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Uro-Sepsis						12 hrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						3 days	
DUE TO (b) Pyelitis, and cystitis							
DUE TO (c) Prostate hypertrophy							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus						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.)			
20c. TIME OF INJURY		Hour _____ 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 2-23-60 to 3-12-60 and last saw ^{her} _{him} him live on 3-12-60							
Death occurred at 4:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) R. G. Willis MD				22b. ADDRESS Kahoka Mo		22c. DATE SIGNED 3-18-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/15/60		23c. NAME OF CEMETERY OR CREMATORY Kahoka, Mo		23d. LOCATION (City, town, or county) (State) Kahoka, Mo	
24. FUNERAL DIRECTOR Marle Funeral home		ADDRESS Kahoka Mo		25. DATE RECD. BY LOCAL REG. 4/2-1960		26. REGISTRAR'S SIGNATURE J. P. ...	

(Licensed Embalmer's Statement on Reverse Side)

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 George Gert

Licensed Embalmer No. 5091

P. O. Address Memphis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.