URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 21 1960

60-011601

STATE FILE NUMBER

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 42

NDED

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg — Length of stay in 1b 31 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 214 W.South St. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Johnson
c. CITY OR TOWN Warrensburg — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 214 W.South St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Carl Middle Everett Last Stevens

4. DATE OF DEATH Month Mar. Day 15, Year 1960

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 2-8-97

9. AGE (last birthday) 63 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ins.Agency

10b. KIND OF BUSINESS OR INDUSTRY Gen.Insurance

11. BIRTHPLACE (City and state or country) Windsor,Missouri

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Frank Stevens

13b. MOTHER'S MAIDEN NAME Addie E.Wynn

14. NAME OF HUSBAND OR WIFE Mary M.Stevens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) W.W.I (If yes, give war or dates of service) W.W.I

16. SOCIAL SECURITY NO. 500-20-0696

17. INFORMANT Address Mrs.Mary M.Stevens,Warrensburg,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) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 1 hr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 3-15-60, to 3-15-60 and last saw her/him alive on 3-15-60

Death occurred at 8 10 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. Lee Cooper M D

22b. ADDRESS Warrensburg Mo

22c. DATE SIGNED 3-16-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 3-17-60

23c. NAME OF CEMETERY OR CREMATORY Sunset Hill

23d. LOCATION (City, town, or county) (State) Warrensburg,Missouri.

24. FUNERAL DIRECTOR ADDRESS Sweeney Phillips,Warrensburg,Mo.

25. DATE RECD. BY LOCAL REG. 3-16-60

26. REGISTRAR'S SIGNATURE Savanah Crutchfield Earl Priest Deputy

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

MAR 29 1960

STATEMENT BY LICENSED EMBALMER

MAR 22 19

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Morris D Bailey

Licensed Embalmer No. 4887

P. O. Address Warrensburg

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