

FBI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS APR 12 1960

60-012286

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. --- Registrar's No. 141

1. PLACE OF DEATH a. COUNTY ST FRANCOIS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST FRANCOIS					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Doe Run		Length of stay in 1b		c. CITY OR TOWN DOE RUN MO		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 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) First MINNIE Middle KATHERINE Last STEVENS			4. DATE OF DEATH Month APRIL Day 5 Year 1960						
5. SEX FEMALE	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 28 1883	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY HOUSE WIFE		11. BIRTHPLACE (City and state or country) GREENVILLE MO		12. CITIZEN OF WHAT COUNTRY U S A		
13a. FATHER'S NAME WASHINGTON SKAGGS			13b. MOTHER'S MAIDEN NAME SARAH HALE			14. NAME OF HUSBAND OR WIFE GEORGE 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.		17. INFORMANT Address GILBERT STEVENS DOE RUN 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) Carcinoma of Gall Bladder								INTERVAL BETWEEN ONSET AND DEATH 6 mo	
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) Hypertension						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 7-13-59 to 4-5-60 and last saw her live on 4-5-60 Death occurred at 2:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE C. E. Caulleton M.D. (Degree or title)					22b. ADDRESS Farmington, Mo			22c. DATE SIGNED 4-8-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE APRIL 8 1960	23c. NAME OF CEMETERY OR CREMATORY OLD PENDLETON		23d. LOCATION (City, town, or county) NEAR DOE RUN MO.			(State)	
24. FUNERAL DIRECTOR C.H. COZEAN FARMINGTON MO				25. DATE RECD. BY LOCAL REG. April 8, 1960		26. REGISTRAR'S SIGNATURE Cather Redlaff			

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 MA Cozani

Licensed Embalmer No. 408

P. O. Address Farmington

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.