

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 23 1960

60-019091

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 562

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| 1. PLACE OF DEATH a. COUNTY GREENE | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE S. Carolina COUNTY Berkeley | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield, Missouri | | Length of stay in 1b 4 Mo. 23 Da. | c. CITY OR TOWN Moncks Corner Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Federal Prisoners | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) R.R. #1 Box 117 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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|--|----------------------------------|---|--|-------------------------------------|--|
| 3. NAME OF DECEASED (Type or print) First Middle Last ISAIAH XXXX STEVENS | | | 4. DATE OF DEATH Month Day Year 5 12 60 | | |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 6/5/15 | 9. AGE (last birthday) 44 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farm | 11. BIRTHPLACE (City and state or country) Moncks Corner - S. Car. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. |

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|---|--|---|--|--|--|
| 13a. FATHER'S NAME David Stevens | | 13b. MOTHER'S MAIDEN NAME Maebelle Hild | | 14. NAME OF HUSBAND OR WIFE Sadie Poinsett 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. 251-34-8512 | 17. INFORMANT Address MCFP - Files Springfield, Missouri | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Squamous cell carcinoma of larynx | | INTERVAL BETWEEN ONSET AND DEATH 9 Months |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Malnutrition, due to compression of esophagus | | 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 | |
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| 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 a.m. p.m. | | | |

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|--|--|--|-------------------------|--------------------------|
| 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 Springfield, Missouri | COUNTY Greene | STATE Missouri |
| 21. I attended the deceased from 12/19/59 to 5/12/60 and last saw her/him alive on 5/12/60 Death occurred at 1:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | |

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| 22. SIGNATURE <i>Clarence Kooiker</i> CLARENCE KOOIKER, M. D. MUNICIPAL DIRECTOR | | 22b. ADDRESS MCFP - Springfield, Missouri | 22c. DATE SIGNED 5/12/60 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 5/16/60 | 23c. NAME OF CEMETERY OR CREMATORY Unknown | 23d. LOCATION (City, town, or county) (State) Moncks Corner, South Carolina |
| 24. FUNERAL DIRECTOR Ayre-Goodwin | ADDRESS Springfield, Mo. | 25. DATE RECD. BY LOCAL REG. 5-16-60 | 26. REGISTRAR'S SIGNATURE <i>Effie G. Melton</i> Effie G. Melton |

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 7 1960

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 _____

Licensed Embalmer No. 4594

P. O. Address Springfield,

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.