ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-018626
STATE FILE NUMBER

AMENDED

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 100

FILED JUN 9 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MOBERLY | Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Hospital | Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Randolph
c. CITY OR TOWN MOBERLY | Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 723 So 5th St (If outside, give location) | Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: ALICE Middle: ALINE Last: STEVENSON OLIVER
4. DATE OF DEATH Month: MAY Day: 28 Year: 1961
5. SEX FEMALE
6. COLOR OR RACE NEGRO
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH JULY 2, 1918
9. AGE (last birthday) 43 | 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) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Middle Grove, Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Joseph STEVENSON
13b. MOTHER'S MAIDEN NAME BLANCH MAUPIN
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT MRS. JUANITA SMITH Address WICHITA, KANS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac Failure | INTERVAL BETWEEN ONSET AND DEATH 2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Metastatic Carcinoma breast
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 Jan 1-56, to May 28-61 and last saw her alive on May 28-61
Death occurred at 7:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. A. Bammel (Degree or Title) DO
22b. ADDRESS Moberly Mo
22c. DATE SIGNED 5/31/61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 5-31-61
23c. NAME OF CEMETERY OR CREMATORY OAKLAND CEMETERY
23d. LOCATION (City, town, or county) MOBERLY (State) MISSOURI

24. FUNERAL DIRECTOR Edward E. Robinson ADDRESS 2105 Spruce Hannibal Mo.
25. DATE RECD. BY LOCAL REG. 5-31-61
26. REGISTRAR'S SIGNATURE [illegible]

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Edward E. Robinson

Licensed Embalmer No. 4999

P. O. Address Hannibal Mo.

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.