

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-031811

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 300

STATE FILE NUMBER

VS 300
Rev. 4/59

1 0648

2 0870

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4 0

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12 2-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED SEP 5 1962	
1. PLACE OF DEATH a. COUNTY Marion.	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Ralls.	
b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY OR TOWN Hannibal, Missouri. 12 Hrs	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Elizabeth Hospital. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS Ralls Co, Mo. Jasper Twnship. (If outside, give location) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First Middle Last ORVIL RAY STEVENSON.	
4. DATE OF DEATH Month Day Year Aug 20, 1962.	
5. SEX Male	6. COLOR OR RACE White
7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/>	Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>
8. DATE OF BIRTH 8-5-96	9. AGE (last birthday) 66Yrs
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) Iowa.	
12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John T. Stevenson.	
13b. MOTHER'S MAIDEN NAME Essie L. Deane	
14. NAME OF HUSBAND OR WIFE Essie L. Stevenson.	
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 Mrs Essie Stevenson, Center, 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) Serebral vascular hemorrhage, severe	
INTERVAL BETWEEN ONSET AND DEATH 2 4 hours	
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. <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 a.m. 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 8-19-62 to 8-19-62 and last saw her/him alive on 8-19-62 . Death occurred at 1:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Robert F. Kammery, D.M.D.	
22b. ADDRESS Hannibal, Missouri.	
22c. DATE SIGNED 8-21-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 8-21-1962	
23c. NAME OF CEMETERY OR CREMATORY Barkley Cemetary.	
23d. LOCATION (City, town, or county) (State) New London, Mo.	
24. FUNERAL DIRECTOR ADDRESS Alfred A. Mickey, Perry, Mo.	
25. DATE RECD. BY LOCAL REG. Aug. 23, 1962	
26. REGISTRAR'S SIGNATURE Dr. E.M. Luche by Lillian M. Roman	

USE BLACK INK OR TYPEWRITER RIBBON

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 Clyde C. Weisiger

Licensed Embalmer No. 3820.

P. O. Address Perry, 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.

Permit renewed 9/23/62