

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010429

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 244

DO NOT WRITE ON THIS STUB

AMENDED

<p style="font-size: 18pt; font-weight: bold; color: red;">FILED APR 2 1963</p>		<p>1. PLACE OF DEATH a. COUNTY Boone</p>		<p>2. USUAL RESIDENCE. (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone</p>	
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia</p>		<p>Length of stay in 1b Life</p>		<p>c. CITY OR TOWN Columbia Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	
<p>c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone County Hospital</p>		<p>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		<p>d. STREET ADDRESS (If outside, give location) 804 North 7th St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	
<p>3. NAME OF DECEASED (Type or print) First Robert Middle Simeon Last Stevinson</p>			<p>4. DATE OF DEATH Month March Day 25 Year 1963</p>		
<p>5. SEX Male</p>	<p>6. COLOR OR RACE White</p>	<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH 10/26/1882</p>	<p>9. AGE (last birthday) 80</p>	<p>IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk</p>		<p>10b. KIND OF BUSINESS OR INDUSTRY Store</p>		<p>11. BIRTHPLACE (City and state or country) Boone County, Mo.</p>	
<p>12. CITIZEN OF WHAT COUNTRY USA</p>		<p>13a. FATHER'S NAME James A. Stevinson</p>		<p>13b. MOTHER'S MAIDEN NAME Mary Ann Shock</p>	
<p>14. NAME OF HUSBAND OR WIFE Deceased</p>		<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates) no</p>		<p>16. SOCIAL SECURITY NO. 314</p>	
<p>17. INFORMANT J. W. Stevinson</p>		<p>Address Columbia, Mo.</p>		<p>18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary insufficiency Arteriosclerosis Senility DUE TO (b) Arteriosclerosis DUE TO (c) Senility</p>	
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>		<p>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</p>		<p>INTERVAL BETWEEN ONSET AND DEATH 3 days</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>			
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>			
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION</p>		<p>COUNTY STATE</p>	
<p>21. I attended the deceased from Feb. 15/1963 to March 25/1963 and last saw him alive on March 25/1963. Death occurred at 8:57 P m on the date stated above, and to the best of my knowledge, from the causes stated.</p>					
<p>22a. SIGNATURE (Degree or title) J. B. Samuel D.O.</p>			<p>22b. ADDRESS Columbia, Missouri</p>		<p>22c. DATE SIGNED 3/25/63</p>
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) Burial</p>		<p>23b. DATE 3/28/1963</p>	<p>23c. NAME OF CEMETERY OR CREMATORY Friendship Cemetery</p>		<p>23d. LOCATION (City, town, or county) Boone County, Mo.</p>
<p>24. FUNERAL DIRECTOR Lyman Sprinkle</p>			<p>ADDRESS Columbia, Mo.</p>		<p>25. DATE RECD. BY LOCAL REG. Mar 28 1963</p>
<p>26. REGISTRAR'S SIGNATURE Mrs. R.E. Palmer</p>					

USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS-300 Rev. 4/59
6109
20109
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9420.1
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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 David Duffy, Student Embalmer No. 680
working under my personal supervision.

Student

David Duffy
Signature of Student Embalmer

Signed

Lynnan H. Spunkle

Licensed Embalmer No.

4013

P. O. Address

Columbia, 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.