S. No. 2
M—5-43
5-17-39
X36671

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 1 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18603

Registration District No. 10 Primary Registration District No. 5037 Registrar's No. 95

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico, Rural Saltriver
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.R. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 63 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Audrain 4
(c) City or town Mexico R. R. 1 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. R. R. 1 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Hiram Buchard Stevens

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice Burket Stevens
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Jan (Month) 17 (Day) 1885 (Year)

8. AGE: Years 63 Months 5 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace Wellsville, (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Retired
11. Industry or business

FATHER
12. Name Lon A. Stevens
13. Birthplace Wellsville, (City, town, or county) Missouri. 0 (State or foreign country)

MOTHER
14. Maiden name Oliva Burchard
15. Birthplace ..... (City, town, or county) Missouri, 0 (State or foreign country)

16. (a) Informant Mrs H. B. Stevens
(b) Address Mexico, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation St, Brenden Cemetery, Mexico Mo
18. (a) Signature of funeral director
(b) Address Mexico, Missouri
19. (a) 6/32/48 (Date received local registrar) (b) Blanche Neely (Registrar's signature) 9

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1948 hour 5 minute 10 A- M.

21. I hereby certify that I attended the deceased from 6/4, 1948, to 6/19, 1948
that I last saw him alive on 6/19, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	1 yr.
Due to Cirrhosis of Liver	5 yrs
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? —
(Specify type of place)
While at work? — (e) Means of injury 0

23. Signature Thos. L. Dwyer, M.D. (M. D. ~~or other~~)
Address Mexico, Mo. Date signed 6/21/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-48-1155
Date Filed JUN 30 1948

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Everett R. Head

Licensed Embalmer No. 4038

P. O. Address Mexico, 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 this body is not embalmed, fact should be so stated above.