

FILED APR 12 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11291

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 4507 Registrar's No. 19.

CFR 104D

WRITE PLAINLY—USING UNFADING, BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>STONE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>STONE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CRANE</b>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2 mi S. of Crane</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CRANE</b> 1040	
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>PRICE</b> c. (Last) <b>STEVENS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 4 1951</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MARCH 19-1891</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RAILROAD MAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RAILROAD</b>	9. AGE (In years last birthday) <b>60</b> of UNDER 1 YEAR Months Days of UNDER 2 Wks. Hours Min.
11. BIRTHPLACE (State or foreign country) <b>DADE Co. U</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>ALFRED STEVENS</b>		13b. MOTHER'S MAIDEN NAME <b>ANNA TUCKER</b>	
14. NAME OF HUSBAND OR WIFE <b>STELLA STEVENS</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>STELLA STEVENS CRANE, MO</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Arteriosclerosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Arteriosclerosis - onset 1946.</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Carcinoma of prostate.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201 H</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>5 minutes</b>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>April 2, 1951</b> to <b>April 10, 1951</b> , and that death occurred at <b>5:45 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Dr. W. D. Williams, M.D.</b>		23b. ADDRESS <b>Crane, Mo.</b>	
23c. DATE SIGNED <b>April 10, 1951</b>		24. BIRTHPLACE (State or foreign country)	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>4/9/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MAPLE PARK Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b>
DATE REC'D BY LOCAL REG. <b>April 9, 1951</b>	REGISTRAR'S SIGNATURE <b>Miss. Gene Broun</b>	317	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Oscar Marshall Aurora, Mo.</b>

APR 12 1954

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....  
Signed *Paul Stewart*  
Licensed Embalmer No. *4809*

P. O. Address *Quincy, 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.