S. No. 300
v. 10-48

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

FILED OCT 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32690

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1069

0117
3

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Enroute to Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 0117
d. STREET ADDRESS (If rural, give location): 3022 North 8th Street 0

3. NAME OF DECEASED (Type or Print)
a. (First): ELVIN
b. (Middle): ROBERT
c. (Last): STEVENS

4. DATE OF DEATH (Month) (Day) (Year): October 19 1951

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married 0

8. DATE OF BIRTH: April 3, 1947

9. AGE (In years last birthday): 4 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): St. Joseph, Missouri 0

12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Eldon R. Stevens

13b. MOTHER'S MAIDEN NAME: Mollie Betts

14. NAME OF HUSBAND OR WIFE: none

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.: None

17. INFORMANT'S SIGNATURE OR NAME: Eldon R. Stevens
ADDRESS: St. Joseph, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Broncho-Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Oedema of the lungs with
DUE TO (c) Heart Failure.

INTERVAL BETWEEN ONSET AND DEATH: 1 day.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 4342

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I* ~~attended~~ Viewed *the deceased from* on 10/19, 1951, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 3:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. F. Mundy M.D. (Coroner) (Degree or title)

23b. ADDRESS: St Joseph Mo

23c. DATE SIGNED: 10/19/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0

24b. DATE: Oct. 22, 1951

24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery

24d. LOCATION (City, town, or county) (State): St. Joseph Missouri

DATE REC'D BY LOCAL REG.: Oct 22, 1951

REGISTRAR'S SIGNATURE: Carl C. Castle 446 0

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Stamey Funeral Home, St. Joseph, Mo.

(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.

Signed C. Dean Cole

Signed.....
Student Embalmer

Licensed Embalmer No. 4670

P. O. Address Savannah 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.