

FILED OCT 18 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32745

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 426

1. PLACE OF DEATH a. COUNTY <i>Butler</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Butler</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Poplar Bluff</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Des Arc</i> 0470	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Watters Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>1</i>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)
<i>JAMES F. STEVENSON</i>			<i>Oct. 3, 1951</i>		

5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Apr. 12, 1874</i>	9. AGE (In years last birthday) <i>76</i>	IF UNDER 1 YEAR Months <i>9</i>	IF UNDER 12 HRS. Days <i>21</i>	IF UNDER 12 HRS. Hours <i>1</i>	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Law firm</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>retired</i>	11. BIRTHPLACE (State or foreign country) <i>Des Arc, Mo</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
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13a. FATHER'S NAME <i>James Stevenson</i>	13b. MOTHER'S MAIDEN NAME <i>Melissa Zubble</i>	14. NAME OF HUSBAND OR WIFE <i>Lula B. Stevenson</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <i>498-10-4093</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Lula Stevenson</i>	ADDRESS <i>Des Arc, Mo.</i>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>2 da</i> <i>7 da</i> <i>?</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pulmonary edema</i>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cerebral hemorrhage</i> DUE TO (c) <i>Hypertension</i>		
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 <i>331X</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *02-1*, 1951, to *10-3*, 1951, that I last saw the deceased alive on *09-30*, 1951, and that death occurred at *145 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>J. Kreibitz M.D.</i>	23b. ADDRESS <i>Poplar Bluff, Mo.</i>	23c. DATE SIGNED <i>10/9/51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Oct. 6, 1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Des Arc</i>	24d. LOCATION (City, town, or county) (State) <i>Des Arc, Mo.</i>
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DATE REC'D BY LOCAL REG. <i>Oct. 10 1951</i>	REGISTRAR'S SIGNATURE <i>Wm. H. Johnson</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Harman W. Mack</i>	ADDRESS <i>Poplar Bluff, Mo.</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED

OCT 16 1957

BUTLER CO. HEALTH CENTER

FILE No.

~~1057-459~~ 461

NOV 20 1957

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 \_\_\_\_\_

*M*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Merrin E. Bowler*

Licensed Embalmer No. *11426*

P. O. Address *Bedmont, 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.