

FILED NOV 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

36690

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 117

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) <u>Excelsior Springs, Mo.</u>		c. LENGTH OF STAY (In this place) <u>1 mos. 10</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		<u>3178</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Veterans Administration Hosp. Excelsior Springs, Missouri</u>		d. STREET ADDRESS (If rural, give location) <u>1004 Brooklyn</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u>		b. (Middle) <u>-</u>	
c. (Last) <u>Steverson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 29, 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 27, 1897</u>
9. AGE (In years last birthday) <u>54</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Porter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Barber Shop</u>	11. BIRTHPLACE (State or foreign country) <u>Marshall, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Joe Steverson</u>	
13b. MOTHER'S MAIDEN NAME <u>Maggie Fisher</u>		14. NAME OF HUSBAND OR WIFE <u>Versa Steverson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give year or dates of service) <u>World War I</u>		16. SOCIAL SECURITY NO. <u>491202763</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records, Veterans Administration Hospital, Excelsior Springs, Mo.</u>		ADDRESS <u>Hospital, Excelsior Springs, Mo.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL TERMINATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchogenic carcinoma, left lung extensive</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Extension into pericardium and myocardium</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>		19a. DATE OF OPERATION <u>-</u>	
19b. MAJOR FINDINGS OF OPERATION <u>-</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>-</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>-</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>-</u>	
22. I hereby certify that I attended the deceased from <u>Sept. 20, 1951</u> , to <u>Oct. 29, 1951</u> , that I last saw the deceased <u>at 11:40 P.M.</u> , and that death occurred at <u>11:40 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Wm. H. BAILEY</u>		23b. ADDRESS <u>Excelsior Springs, Mo.</u>	
23c. DATE SIGNED <u>10-29-51</u>		23d. DEGREE OR TITLE <u>M.D.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10-30-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>SALT POINT CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>Marshall, MO.</u>	
DATE REC'D BY LOCAL REG. <u>10/30/51</u>		25. REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>DeMoss CRUNK</u>		ADDRESS <u>Cameron MO</u>	

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

0242

*[Handwritten initials]*

162X *[Handwritten initials]*



NOV 2 2 1931

### 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.

Student \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

*Harold P. Walker*

Licensed Embalmer No. \_\_\_\_\_

*4588*

P. O. Address \_\_\_\_\_

*Lathrop, 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.