

FILED NOV 19 1951

STANDARD CERTIFICATE OF DEATH

36864

State File No.

BIRTH NO. _____ REG. DIST. NO. 109 PRIMARY REG. DIST. NO. 5424 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Union Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2269</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 53, 4 1/2 MI. NORTH of Campbell, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>2321 North 9th Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHALMER</u> b. (Middle) <u>DOW</u> c. (Last) <u>STEVENS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>OCT.</u> <u>27</u> <u>1951</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 27, 1927</u>	9. AGE (In years last birthday) <u>23</u> IF UNDER 1 YEAR Months <u>10</u> Days <u>0</u> IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Quin, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	

13a. FATHER'S NAME <u>Lee Stevens</u>	13b. MOTHER'S MAIDEN NAME <u>Myrtle Elder</u>	14. NAME OF HUSBAND OR WIFE <u>Dorothy Stevens</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War II</u>	16. SOCIAL SECURITY NO. <u>499-22-6939</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lee Stevens Quin, Missouri</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured skull-internal chest injuries-crushed left leg-bruises</u>		INTERVAL BETWEEN ONSET AND DEATH <u>E8194</u> <u>31</u>
	ANTECEDENT CAUSES <u>Due to (b) over entire body- due to automobile accident on Highway 53, 4 1/2 miles No. of Campbell, Mo.,</u>		
	II. OTHER SIGNIFICANT CONDITIONS when automobile hit end of bridge. <u>Killed instantly.</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:30 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Walter B. Hawkinson</u>	23b. ADDRESS <u>Shennett Mo</u>	23c. DATE SIGNED <u>11-5-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 30, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Quin Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Quin, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11/6/51</u>	REGISTRAR'S SIGNATURE <u>Mrs. I. Beulah Campbell</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Landess Funeral Home Campbell, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

3311

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT.....11-13-51.....
COUNTY FILE NUMBER .1151-308...

NOV 14 1951

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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.