

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8070

State File No. \_\_\_\_\_  
Registrar's No. 278

FILED MAR 22 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

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

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>SPRINGFIELD</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>SPRINGFIELD</u>	
c. LENGTH OF STAY (In this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>1120 E. CHEROKEE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VET. ADM. HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JESSE</u>	b. (Middle) <u>(NMI)</u>	c. (Last) <u>STEVER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 16, 1952</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>NOVEMBER 9, 1898</u>	9. AGE (In years last birthday) <u>53</u>	If UNDER 1 YEAR Months Days Hours Min.	If UNDER 12 HRS. Hours Min.
--------------------	-------------------------------	---	--	---	---	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MECHANIC</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>ELKLAND, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	---	--	---

13a. FATHER'S NAME <u>EDWARD W. STEVER</u>	13b. MOTHER'S MAIDEN NAME <u>JOSIE GOWER</u>	14. NAME OF HUSBAND OR WIFE <u>FAY STEVER</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WW ONE</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VAH RECORDS, VAH., SPRINGFIELD, MO.</u>	ADDRESS _____
--	--	--	---------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intra cerebral hemorrhage left, recent and semi-recent.</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congenital aneurism, branch of intra cerebral artery.</u>		
	DUE TO (c) <u>Pulmonary congestion secondary to above.</u>		
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 <u>7546</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------------	--	--

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) _____	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 VET. ADM. attended the deceased from MARCH 16, 1952, to MARCH 16, 1952, and that death occurred at 6:45 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. J. Bondurant, Acting,</u> (Degree or title)	23b. ADDRESS <u>BONDURANT, Chief Professional Services, VAH., Springfield, Mo.</u>	23c. DATE SIGNED <u>March 16, '52</u>
--	--	---------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 20, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>
---	---------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>3-18-52</u>	REGISTRAR'S SIGNATURE <u>James R. Luma M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Schmeyer</u>	ADDRESS <u>Springfield, Mo.</u>
---	---	---	---------------------------------

**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.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Gene A. Hunter*

Signed.....

Student Embalmer

Licensed Embalmer No. 4739

P. O. Address Springfield, 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.