

FILED JUN 7 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

17603

State File No.

BIRTH NO. 31074 REG. DIST. NO. 300 PRIMARY REG. DIST. NO. 6030 Registrar's No. 12

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

1. PLACE OF DEATH a. COUNTY Reynolds		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Reynolds	
b. CITY (If outside corporate limits, write RURAL and give township OR TOWN Webb Township (Rural))		c. CITY (If outside corporate limits, write RURAL and give township OR TOWN Rural, Webb Township)	
c. LENGTH OF STAY (In this place) life			
d. FULL NAME OF HOSPITAL OR INSTITUTION 6 mi. S of Redford		d. STREET ADDRESS (If rural, give location) 6 mi. S. of Redford	

3. NAME OF DECEASED (Type or Print) BILL STEVENSON			4. DATE OF DEATH (Month) (Day) (Year) May 23 1952		
a. (First)	b. (Middle)	c. (Last)			

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH May 22 1952	9. AGE (In years last birthday) 0 if UNDER 1 YEAR Months 0 Days 0 if UNDER 1 MRS. Hours 0 Min. 22
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Redford Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Glen Stevenson	13b. MOTHER'S MAIDEN NAME Vernice Stevenson	14. NAME OF HUSBAND OR WIFE ##
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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. no	17. INFORMANT'S SIGNATURE OR NAME Glen Stevenson, Redford Mo.	ADDRESS
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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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Total circulation of blood abnormal		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (b) [blacked out] DUE TO (c)		
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	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) (Minute)	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 **May 22, 1952**, to **May 23, 1952**, that I last saw the deceased alive on **May 22, 1952**, and that death occurred at **2:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE E. M. [Signature] (Degree or title) MD	23b. ADDRESS Leaslerville Mo	23c. DATE SIGNED 5/24/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 5-24-52	24c. NAME OF CEMETERY OR CREMATORY Des Arc Cemetery	24d. LOCATION (City, town, or county) (State) Des Arc Missouri
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DATE REC'D BY LOCAL REG 5/28/52	REGISTRAR'S SIGNATURE Essie Evans 276	25. FUNERAL DIRECTOR'S SIGNATURE White ADDRESS White Funeral Home, Ironton Mo.
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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.....

was not embalmed

working under my personal supervision.

Student Embalmer No.....

Signed *Richard J. White*

Signed.....
Student Embalmer

Licensed Embalmer No. *3412*

P. O. Address *Shelton, Conn.*

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.