

## STANDARD CERTIFICATE OF DEATH

State File No. **21438**FILED JUN 23 1952  
BIRTH NO. **86912** REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **1926**

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b>	
c. LENGTH OF STAY (In this place) <b>7 MOS.</b>		d. STREET ADDRESS (If rural, give location) <b>Route 4</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1706 E. 5th St</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>Riley</b> c. (Last) <b>Stevens</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 16, 1952</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	
8. DATE OF BIRTH <b>Nov 7, 1951</b>		9. AGE (In years last birthday) <b>7</b>		10. MONTHS <b>9</b>	
11. BIRTHPLACE (State or foreign country) <b>Sedalia, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. HOURS <b>1</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (State or foreign country) <b>Sedalia, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. HOURS <b>1</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	

13a. FATHER'S NAME <b>Junion J. Stevens</b>		13b. MOTHER'S MAIDEN NAME <b>Kathryn Powers</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Junior John Stevens, Sedalia, Mo</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>None</b>		19. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Junior John Stevens, Sedalia, Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>None</b>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ulcero Colitis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>	
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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) (Min.)		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 I attended the deceased from **June 13, 1952** to **June 16, 1952**, that I last saw the deceased alive on **June 13, 1952**, and that death occurred at **8:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>B. S. Seavey - M.D.</b> (Degree or title)		23b. ADDRESS <b>Sedalia, Mo</b>		23c. DATE SIGNED <b>June 16, 1952</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 19, 52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Crown Hill Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Sedalia, Mo.</b>					

DATE REC'D BY LOCAL REG. <b>6/17/52</b>		REGISTRAR'S SIGNATURE <b>C. R. ...</b>		FUNERAL DIRECTOR'S SIGNATURE <b>...</b> ADDRESS <b>Sedalia, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed R. E. Baker.....

Licensed Embalmer No. 2419.....

P. O. Address Bedalia Md.....

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.