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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23302**

**FILED JUN 20 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074** Registrar's No. **113**

1. PLACE OF DEATH a. COUNTY <b>Scott</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Sikeston</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Portageville</b>	
c. LENGTH OF STAY (In this place) <b>15 Days</b>		d. STREET ADDRESS (If rural, give location) <b>8th &amp; Mc Arthur</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Delta Community Hosp.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Lester</b> b. (Middle) <b>Virgil</b> c. (Last) <b>Stevens</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>6 10 1952</b>		
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5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>8-1-1882</b>		9. AGE (In years last birthday) <b>69</b>		10. IF UNDER 1 YEAR Days <b>9</b> Hours <b>6</b> Mins. <b>1</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Tavern Operator</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Tavern Owner</b>			11. BIRTHPLACE (State or foreign country) <b>Marshall, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>		

13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME <b>Mary Bell Closser</b>			14. NAME OF HUSBAND OR WIFE <b>Mary Bell Coffman</b>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unknown</b>		16. SOCIAL SECURITY NO. <b>—</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Wilson J.erguson</b>				ADDRESS <b>Sikeston, Mo.</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coliculus, jejunum.</b>						<b>12 mo.</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>mesenteric thrombosis, acute</b>						<b>16 das.</b>	
		DUE TO (c) <b>Generalized peritonitis</b>						<b>16 das.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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 I attended the deceased from **May 25, 1952**, to **June 10, 1952**, that I last saw the deceased alive on **June 10, 1952**, and that death occurred at **8:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Wilson J.erguson</b>		(Degree or title) <b>M. S.</b>		23b. ADDRESS <b>Sikeston, Mo.</b>		23c. DATE SIGNED <b>June 11, 1952</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-12-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mounds Park Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Lilbourn, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>6-13-52</b>		REGISTRAR'S SIGNATURE <b>Mrs. Ella Hunter</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ponder Funeral Home-Lilbourn, Mo.</b>		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED JUN 16 1952  
SCOTT COUNTY HEALTH CENTER  
CO. FILE NO. 652-175

JUN 12 1952

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.....  
Student Embalmer

Signed Homer L. Pender

Licensed Embalmer No. 3367

P. O. Address Tilbourn, 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.