

FILED OCT 5 1953

STANDARD CERTIFICATE OF DEATH

State File No. 32700

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

BIRTH NO.		REG. DIST. NO. 292		PRIMARY REG. DIST. NO. 4434		Registrar's No.		
1. PLACE OF DEATH a. COUNTY Ralls				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ralls				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Center Twnship)			c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Center Twnship) 0870			
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence				d. STREET ADDRESS (If rural, give location) Center, Missouri 0				
3. NAME OF DECEASED (Type or Print) a. (First) J. b. (Middle) T. c. (Last) Stevenson			4. DATE OF DEATH (Month) (Day) (Year) Sept. 15, 1953					
5. SEX Male /		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH 4-5-1871		
9. AGE (In years last birthday) 82		10. MONTHS 5		11. DAYS 10		12. IF UNDER 1 YEAR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Washington Co., Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Wm. Stevenson			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Lizzie Stevenson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ray Liter ADDRESS Center, Mo.				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis (Acute) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hemorrhage of Bladder 1 week DUE TO (c) Carcinoma of Bladder 4 mo II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None known				INTERVAL BETWEEN ONSET AND DEATH 3 days
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 181X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Sept. 9, 1953, to Sept. 15, 1953, that I last saw the deceased alive on Sept. 15, 1953, and that death occurred at 6:45A m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) P. H. Brooks Jr. D. O.				23b. ADDRESS Center, Missouri		23c. DATE SIGNED 9-24-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-17-53	24c. NAME OF CEMETERY OR CREMATORY Barkley Cemetery		24d. LOCATION (City, town, or county) (State) New London, Missouri			
DATE REC'D BY LOCAL REG. 9-16-53		REGISTRAR'S SIGNATURE Clyde Wilkey			25. FUNERAL DIRECTOR'S SIGNATURE Clyde Wilkey ADDRESS Perry, Mo.			

**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 Clyde C. Wilkey

Licensed Embalmer No. 3820

P. O. Address Ferry, 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.