

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38500

FILED NOV 30 1953

State File No. _____
Registrar's No. 171

BIRTH NO. _____		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 5224		State File No. _____		Registrar's No. 171				
1. PLACE OF DEATH a. COUNTY Cass				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Cass								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Garden City Rural		c. LENGTH OF STAY (In this place) 11 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Garden City Mo. 0190								
d. FULL NAME OF HOSPITAL OR INSTITUTION At his home				d. STREET ADDRESS (If rural, give location) Rural 3 miles S.W. Garden City 0								
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Blansett c. (Last) Stevens			4. DATE OF DEATH (Month) (Day) (Year) 11 - 18 - 53			5. SEX Male			6. COLOR OR RACE white			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married			8. DATE OF BIRTH July 20 1874			9. AGE (In years last birthday) 79			10. F UNDER 1 YEAR Months			
10a. USUAL OCCUPATION (Give kind of work describing most of working life, even if retired) retired farmer			10b. KIND OF BUSINESS OR INDUSTRY None			11. BIRTHPLACE (City and State or Foreign Country) Austin, Cass Co. Mo. 0			12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Albert H. Stevens				13b. MOTHER'S MAIDEN NAME Hettie Hayden				14. NAME OF HUSBAND OR WIFE None				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. None			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Letitia Graves Garden City, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH 30 min ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Atherosclerosis DUE TO (c) Diabetes Mellitus 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 4201						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) m.			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 8-7-53 10:23, to 11-18, 1953, that I last saw the deceased alive on 11-13, 1953, and that death occurred at 8 P m., from the causes and on the date stated above.												
23a. SIGNATURE Leoburn Ellis M.D.				(Degree or title)				23b. ADDRESS Garden City			23c. DATE SIGNED 12/16/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 20 53		24c. NAME OF CEMETERY OR CREMATORY Austin Cemetery			24d. LOCATION (City, town, or county) (State) Austin Cass CO, Mo.					
DATE REC'D BY LOCAL REG. Nov 20 1953		REGISTRAR'S SIGNATURE Dora Barriard			25. FUNERAL DIRECTOR'S SIGNATURE			ADDRESS Atkinson & Dickey, Garden City Mo				

(Licensed Embalmer's Statement on Reverse Side)

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

0190

JAN 30 1958

JUN 9 1958



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 Billy J. Sherry

Licensed Embalmer No. 4685

P. O. Address Lynch City, 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.