

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7568

State File No. _____

FILED FEB 16 1954

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Bernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Barlow</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jasper</u>	
c. LENGTH OF STAY (In table place) <u>10-8-1</u>		0490	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp # 3</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>W</u> c. (Last) <u>Stevens</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 9-1954</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 9-1873</u>
9. AGE (In years last birthday) <u>81</u>		10. IF UNDER 1 YEAR Days <u>7</u> IF UNDER 24 HRS. Hours <u>2</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Kananga</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph W Stevens</u>		13b. MOTHER'S MAIDEN NAME <u>Lavina Sutton</u>	
14. NAME OF HUSBAND OR WIFE <u>Lodie Stevens</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records</u>		ADDRESS <u>Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Arteriosclerotic heart disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>no</u> *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 As forid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4200	
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 <u>Aug 1-1953</u> , 19 <u>53</u> , to <u>Feb. 9</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Feb 9</u> , 19 <u>54</u> , and that death occurred at <u>12:45</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. B. Shroat, M.D.</u>		23b. ADDRESS <u>Newada, Mo.</u>	
23c. DATE SIGNED <u>2-9-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 12, 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Girard Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Girard, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>2-12-1954</u>		REGISTRAR'S SIGNATURE <u>Anna J. Ferry</u> 451	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Sharp & Selvey</u>		ADDRESS <u>Jasper, Mo.</u>	

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

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 *Lawson L. Sharp*

Licensed Embalmer No. 4922

P. O. Address Jasper, 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.