

FILED AUG 9 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23864

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 54

|   |  |  |   |
|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Pemiscot</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caruthersville</u>                                      |  | c. LENGTH OF STAY (In this place) <u>54 Yrs.</u>   | d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1208 Jefferson Ave.</u> |  | e. STREET ADDRESS (If rural, give location) <u>1208 Jefferson Ave.</u>   |   |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Stevenson</u> |  |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>August 1 1954</u> |   |  |
| 5. SEX <u>Female</u>  |  | 6. COLOR OR RACE <u>White</u>                 |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>                 |  |
| 8. DATE OF BIRTH <u>Aug. 24 1878</u>  |  | 9. AGE (In years, less birthday) <u>75</u>    |  | 10. IF UNDER 1 YEAR: Months _____ Days _____  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>          |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Reelfoot-Lake County, Tenn.</u> |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>   |  |   |  |   |  |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 13a. FATHER'S NAME <u>Dan Quillin</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> |  | 14. NAME OF HUSBAND OR WIFE <u>George M. Stevenson</u>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> |  | 16. SOCIAL SECURITY NO. <u>Unknown</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Goldie George Allen</u> ADDRESS <u>Missouri Caruthersville</u> |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of stomach</u><br>ANTECEDENT CAUSES <u>metastases to liver, gall bladder, and small intestine.</u><br>DUE TO (b) _____<br>DUE TO (c) _____ |  |  | INTERVAL BETWEEN ONSET AND DEATH <u>8 wks.</u> |
| II. OTHER SIGNIFICANT CONDITIONS<br>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? <u>151X</u><br>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) |  | 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 July 1, 1954, to Aug 1, 1954, that I last saw the deceased alive on 8-1-, 1954, and that death occurred at 1:50A m., from the causes and on the date stated above.

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 23a. SIGNATURE <u>D. Shirley</u> (Degree or title) <u>M.D.</u> |  | 23b. ADDRESS <u>Waste Mo</u>  |  | 23c. DATE SIGNED <u>8-2-54</u>                           |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>        |  | 24b. DATE <u>August 2 '54</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Maple Cemetery</u> |  |
|  |  | 24d. LOCATION (City, town, or county) (State) <u>Caruthersville, Missouri</u> |  |  |  |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <u>July 4, 1954</u> |  | REGISTRAR'S SIGNATURE <u>Tressie B. Wilkins</u> <u>247</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>H.S. Smith</u> ADDRESS <u>Funeral Home 808 Ward Ave Caruthersville, Mo.</u> |  |
|--|--|--|--|---|--|

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

182

8-176-54

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO

AUG 6 1984

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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.....  
Signature of Student Embalmer

Signed *W Denver Duke*.....

Licensed Embalmer No. *4484*

P. O. Address *Caruthersville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.