

FILED NOV 23 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37619  
State File No. 5145

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5145

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY OR TOWN <u>Kennett City Mo.</u> c. LENGTH OF STAY (in this place) <u>20 days</u>		c. CITY OR TOWN <u>Eagleville</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeside Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>0410</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Daryl</u> b. (Middle) <u>Gene</u> c. (Last) <u>Stevens</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-6-54</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>May 13-1933</u>
9. AGE (In years last birthday) <u>21</u>		10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Ballater</u>	11. BIRTH PLACE (City and State or Foreign Country) <u>Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Ballater</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Adjuster</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Edwin O. Stevens</u>		13b. MOTHER'S MAIDEN NAME <u>Winnie McHenry</u>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Edwin O. Stevens</u> ADDRESS <u>Eagleville</u>
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) <u>Massive Gastric Hemorrhage (Concussion)</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Postal Cirrhosis</u> <u>2 years</u> DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Unkilled abdominal laceration</u>		INTERVAL BETWEEN ONSET AND DEATH <u>58 1/2</u>	
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 <u>Nov 1946</u> , to <u>Nov 6, 1954</u> , that I last saw the deceased alive on <u>11-10-1954</u> , and that death occurred at <u>12:19 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Wm. W. Thompson</u> (Degree or title) _____		23b. ADDRESS <u>621 S. Poplar St.</u>	
23c. DATE SIGNED <u>11-6-54</u>			
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 7, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Marion C.</u>	24d. LOCATION (City, town, or county) (State) <u>Eagleville Mo.</u>
DATE REC'D BY LOCAL REG. <u>11-7-54</u>	REGISTRAR'S SIGNATURE <u>Merna Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert Kelly</u> ADDRESS <u>_____</u>	

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

10-15-52

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 *Robert L. Kepley*.....

Licensed Embalmer No. 42

P. O. Address *Indep.*.....

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.