

Health, Welfare and Public Service

3000-1-56

Every death, whether sudden or unexpected, should be reported to the health department. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27945
STATE FILE NUMBER

FILED SEP 4 1956

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 230

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN RR Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wabash RR Yards Length of stay in 1b		d. STREET ADDRESS (If outside, give location) Prairie Twp Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Elmer Middle Robert Last Stevenson			4. DATE OF DEATH Aug 17 - 1956 Month Aug Day 17 Year 1956			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Apr 28 - 1908	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min.	IF UNDER 24 HRS. Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section Hand		10b. KIND OF BUSINESS OR INDUSTRY R.R.		11. BIRTHPLACE (City and state or country) Mo USA		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME W Goldie Stevenson			14. MOTHER'S MAIDEN NAME Martha Hammonds			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. 498-12-5762		17. INFORMANT Mrs Ruth M. Stevenson - Box 3 Renick, Mo Address		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Natural Causes - undetermined		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY. Hour 1:10 Pm Month Aug Day 17 Year 1956 a. m. p. m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Moberly Mo COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her alive on _____
Death occurred at **1:10 Pm** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Leah W. Lowe (Degree or title) Local Registrar	22b. ADDRESS Moberly Mo.	22c. DATE SIGNED 8/19/56
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-19-56	23c. NAME OF CEMETERY OR CREMATORY Sunset M. Gardens	23d. LOCATION (City, town, or county) (State) Moberly, Mo
24. FUNERAL DIRECTOR Mahon and Son, Moberly, Mo ADDRESS		25. DATE RECD. BY LOCAL REG. 8/19/56	26. REGISTRAR'S SIGNATURE Leah W. Lowe

(Licensed Embalmer's Statement on Reverse Side)

1973

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 *Raymond F. Horner*

Licensed Embalmer No. *42*

P. O. Address *Horner*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (C)
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.