

FILED OCT 22 1956

STANDARD CERTIFICATE OF DEATH

State File No. **33706**

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>200</u>		Registrar's No. <u>930</u>	
1. PLACE OF DEATH a. COUNTY <u>Green</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u>		932	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>622 No. College</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Walter</u> c. (Last) <u>Stevens</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 12, 1956</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 30, 1874</u>	
9. AGE (In years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fruit Broker</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <u>82</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Kosciusko Co. Indiana</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>U. Grant Stevens</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Bell Bennett</u>			14. NAME OF HUSBAND OR WIFE	
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>495-01-4618</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W.W. Stevens Jr.</u> ADDRESS <u>Wichita Kan.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolus</u> ANTECEDENT CAUSES DUE TO (b) <u>Shock</u> DUE TO (c) <u>Toxemia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Art. sclerotic Art. Dis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 min.</u> <u>72 hrs.</u> <u>72 hrs.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct. 7th</u> , 1956, to <u>Oct. 12th</u> , 1956, that I last saw the deceased alive on <u>Oct. 12, 19</u> , and that death occurred at <u>4:05 P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. A. Doubling</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>406 Prof Bldg. S. S. Mo.</u>		23c. DATE SIGNED <u>10/15/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-15-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F.</u>		24d. LOCATION (City, town, or county) (State) <u>Neosho Missouri</u>		
DATE REC'D BY LOCAL REG. <u>10-19-56</u>		REGISTRAR'S SIGNATURE <u>Edith Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Corley Thompson Jr.</u> ADDRESS <u>Neosho 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 Corley Thompson Sr.

Licensed Embalmer No. 3259

P. O. Address Neosho 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.