No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 5 1957

State File No. 5561

BIRTH NO. _____ REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 4324 Registrar's No. 9-57

1. PLACE OF DEATH
a. COUNTY: Miller
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tuscumbia
c. LENGTH OF STAY (In this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Humphreys-Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Miller
c. CITY OR TOWN: Spring-Garden
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 1 mi - N - West

3. NAME OF DECEASED (Type or Print)
a. (First): Benjamin
b. (Middle):
c. (Last): Stevens

4. DATE OF DEATH (Month) (Day) (Year): Feb 22 1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb-15-1888
9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Gen-Farming
11. BIRTHPLACE (City and State or Foreign Country): Cole-Co-Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Enoch-Stevens
13b. MOTHER'S MAIDEN NAME: Leona-Amos
14. NAME OF HUSBAND OR WIFE: Cle-Robertson-Stevens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Cle-Stevens
ADDRESS: Spring-Garden Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis — Interval between onset and death: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute peritonitis from — 9 days
DUE TO (c) Perforated Gastric Ulcer — 9 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 5401
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): None
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: None

22. *I hereby certify that I attended the deceased from* Oct, 1951, *to* 22 Feb, 1957, *that I last saw the deceased alive on* 22 Feb, 1957, *and that death occurred at* 4:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. E. Humphreys DO
23b. ADDRESS: Tuscumbia Mo
23c. DATE SIGNED: 23 Feb 57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 24 Feb 57
24c. NAME OF CEMETERY OR CREMATORY: Spring Garden
24d. LOCATION (City, town, or county) (State): Miller-Co- Mo

DATE REC'D BY LOCAL REG.: Feb 23-57
REGISTRAR'S SIGNATURE: Mrs. W. E. Kallenbach
25. FUNERAL DIRECTOR'S SIGNATURE: Keith McKays
ADDRESS: Eldon Mo

(Licensed Embalmer's Statement on Reverse Side)

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

522

RECEIVED

MAR 4 '57

Miller County
Health Department

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Keith M Kays

Licensed Embalmer No. 399

P. O. Address Eldon M

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