

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7217**

FILED MAR 15 1957

BIRTH NO. _____ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074** Registrar's No. **43**

1. PLACE OF DEATH a. COUNTY... Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston		c. CITY OR TOWN Sikeston ¹⁰⁰³	
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway 61 North		e. STREET ADDRESS (If rural, give location) Highway 61 North	

3. NAME OF DECEASED (Type or Print) George A. Stevens			DATE OF DEATH (Month) (Day) (Year) 3-5-1957		
a. (First)	b. (Middle)	c. (Last)			

5. SEX Male	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH 10-20-1873	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR	IF UNDER 24 HRS.
				Months 4	Days 15	Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Entertainer	10b. KIND OF BUSINESS OR INDUSTRY Show business	11. BIRTHPLACE (City and State or Foreign Country) New York, City	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry Stevens	13b. MOTHER'S MAIDEN NAME Elizabeth Huston	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) _____	17. INFORMANT'S SIGNATURE OR NAME Rosalie Liebman Webster	ADDRESS Home, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH ?
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown Natural Causes -		
	ANTECEDENT CAUSES Found dead in trailer		
	DUE TO (b) _____		
	DUE TO (c) _____		
	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 _____	7954	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) March 5, 1957. ? a.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **First call after death -** 19____, to 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thelma C. Buckhouser, M.D. Health Officer -	23b. ADDRESS Benton Mo.	23c. DATE SIGNED 3-8-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-9-57	24c. NAME OF CEMETERY OR CREMATORY Sunset Park	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. 3-8-57	REGISTRAR'S SIGNATURE W. H. ...	25. FUNERAL DIRECTOR'S SIGNATURE W. H. ...	ADDRESS Sikeston, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

+29

Mo

DATE RECEIVED MAR 11 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 357-50

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 J. E. McMillan.....

Licensed Embalmer No. 469

P. O. Address Charleston

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.