

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

Differ
41063
State File No. _____

No. 300
10-48

FILED NOV 18 1957

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 280

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Linn</u>		a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline</u>		c. CITY OR TOWN <u>Brookfield</u>	
c. LENGTH OF STAY (in this place) <u>20</u> <u>da</u>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Helm St.</u>	
3. NAME OF DECEASED			4. DATE OF DEATH (Month) (Day) (Year)
a. (First) <u>Buford</u>			<u>11</u> <u>9</u> <u>57</u>
b. (Middle) <u>Bradley</u>			
c. (Last) <u>Stevenson</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>4/24/1889</u>
9. AGE (In years last birthday) <u>68</u>		10. KIND OF BUSINESS OR INDUSTRY <u>retired</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Chariton county</u>
10a. USUAL OCCUPATION (If he kind of work done during most of working life, even if retired) <u>Engineer</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Sam Stevenson</u>		13b. MOTHER'S MAIDEN NAME <u>Ardelia Coleman</u>	
13c. NAME OF HUSBAND OR WIFE <u>Vea (dec)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>W.W. I</u>		16. SOCIAL SECURITY NO. <u>712-12-5632</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		17. INFORMANT'S SIGNATURE OR NAME <u>Lloyd Stevenson</u> <u>Kansas City, Kans</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute pulmonary congestive edema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u>	
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> <u>Coronary atherosclerosis + C.V. block</u>		<u>2 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Pneumonia lobar at base.</u>		<u>2 wks</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	
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)		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>1-5-1955</u> , to <u>11-9-1957</u> , that I last saw the deceased alive on <u>11-8-1957</u> , and that death occurred at <u>3:00 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) <u>John R. Dufur M.D.</u>		23b. ADDRESS <u>Brookfield, Mo</u>	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>11/11/57</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Corinth</u>		24d. LOCATION (City, town, or county) (State) <u>Keytesville, Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-13-57</u>		REGISTRAR'S SIGNATURE <u>Bonnie Owens</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>James M. Laughlin</u>		ADDRESS <u>Marceline Mo</u>	

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

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NOV 20 1957

FEB 7 1958

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 *James B. Mc Claird*

Licensed Embalmer No. *4230*

P. O. Address *Brookfield, Ill.*

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.