

Health,  
Welfare  
Public  
Service

FILED FEB 10 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2268

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 105

000  
-57

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Warrensburg</u> 05/12 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>		Length of stay in 1b <u>10 min.</u>	d. STREET ADDRESS (If outside, give location) <u>326 Anderson</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Claude Cleveland Stevens</u>			4. DATE OF DEATH Month Day Year <u>2 3 58</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 28, 1904</u>		9. AGE (In years last birthday) <u>53</u>	FUNDER 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) <u>Bartender</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tavern Owner</u>		11. BIRTHPLACE (City and state or country) <u>Gladstone, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>James B. Stevens</u>			13b. MOTHER'S MAIDEN NAME <u>Tee Davis</u>			14. NAME OF HUSBAND OR WIFE <u>Mildred Frances Towry</u>	
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>496-01-3388</u>		17. INFORMANT <u>Mildred Stevens</u> Address <u>326 Anderson</u>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fractured neck due to</u> <u>Automobile accident</u>		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"/> <u>2</u>

20a. ACCIDENT <input checked="" 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.) <u>Head on Collision between 2 cars on</u>	
20c. TIME OF INJURY Hour Month, Day, Year <u>4:30 p.m. 2-3-58</u>		<u>U.S. Highway 50 - 2 miles west of Fayette, Mo</u>	
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.) <u>U.S. Highway Fayette, Mo.</u>	
21. I <u>viewed</u> the deceased from <u>her home</u> to <u>her home</u> and last saw her alive on <u>5:00 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Fayette, Mo.</u> <u>Pettis</u> <u>Mo.</u>	
22a. SIGNATURE <u>Clas Jordan Steffach</u> (Degree or title)		22b. ADDRESS <u>Correry Pettis Co</u>	
22c. DATE SIGNED <u>2-4-58</u>			

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2/5/58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u>		23d. LOCATION (City, town, or county) (State) <u>Warrensburg, Missouri</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Sweeney-Phillips Warrensburg, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>2-4-58</u>		26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DEC 27 1958

FEB 27 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. 4963 working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *John P. Rodgers* .....  
Licensed Embalmer No. 4963 .....

P. O. Address Warrenburg, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.