Health, & Welfare Public Service

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-028917
STATE FILE NUMBER

FILED SEP 15 1958 Registration District No. 133 Primary Registration District No. 5493 Registrar's No. 114

1. PLACE OF DEATH
a. COUNTY Harrison
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Fox Creek twp — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) at home — Length of stay in 1b 20 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Harrison
c. CITY OR TOWN Fox Creek twp. 0410 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 10 Mile E-Bethany — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Josie Middle Murryl Last Stevens
4. DATE OF DEATH Month 9 Day 6 Year 1958
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 1-13-1894
9. AGE (In years last birthday) 64 — IF UNDER 1 YEAR Months 7 Days 23 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (City and state or country) Harrison County Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Robert Martin
13b. MOTHER'S MAIDEN NAME Minnie Miller
14. NAME OF HUSBAND OR WIFE Charles Stevens
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 496-42-3120
17. INFORMANT Charles Stevens Address Gilman City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 5 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 4201
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 ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11-5-56 to 9-6-58 and last saw her alive on 9-1-58.
Death occurred at 9/6/58 11 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Merriam Earhart MD
22b. ADDRESS Bethany Mo.
22c. DATE SIGNED 9/9/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-10-1958
23c. NAME OF CEMETERY OR CREMATORY Allen Cemetery
23d. LOCATION (City, town, or county) (State) Eagleville Mo
24. FUNERAL DIRECTOR ADDRESS MBHaas Bethany Mo
25. DATE RECD. BY LOCAL REG. 9-10-58
26. REGISTRAR'S SIGNATURE Zella Maxey

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 ..... Signed .....

Signature of Student Embalmer

Licensed Embalmer No. 3899

P. O. Address Bethany, 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.