

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031623

STATE FILE NUMBER

FILED OCT 14 1958

Registration District No. 4

Primary Registration District No. 4014

Registrar's No. 79

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Atchison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fairfax		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Fairfax 00300 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fairfax Com. Hosp		Length of stay in lb 56hrs.	d. STREET ADDRESS (If outside, give location) none Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Barney Virgil Stevenson			4. DATE OF DEATH Month Day Year 10 8 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-4-1917
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		9b. KIND OF BUSINESS OR INDUSTRY Agriculture	9. AGE (In years last birthday) 41 IF UNDER 1 YEAR Months Days Hours Min. 2 4 IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Dawson, Nebr.
13a. FATHER'S NAME Ed Stevenson		13b. MOTHER'S MAIDEN NAME Hattie Hawkins	14. NAME OF HUSBAND OR WIFE Helen Stevenson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. 505-14-3522	17. INFORMANT Address Mrs Dan Campbell, Watson, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Traumatic BRAIN DAMAGE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Fracture Rt Parietal Bone + Basilar fractures DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 56 Hrs. 56 Hrs.
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.) Two Car Accident. Thrown through windshield.	
20c. TIME OF INJURY Hour Month, Day, Year 10 a.m. 10 6 58			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) High way	20f. CITY, TOWN, OR LOCATION Mound City COUNTY Holt STATE Mo.
21. I attended the deceased from Oct. 6, 1958 to Oct 8, 1958 and last saw him alive on 10-8-58 Death occurred at 3 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James R. Allen, M.D. (Degree & Title)		22b. ADDRESS Rock Port, Mo	22c. DATE SIGNED 10-8-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-10-1958	23c. NAME OF CEMETERY OR CREMATORY Milliap Cem.	23d. LOCATION (City, town, or county) (State) Rock Port, Mo.
24. FUNERAL DIRECTOR Bartholomew Mortuary, Rockport.		25. DATE RECD. BY LOCAL REG. Oct 9, 1958	26. REGISTRAR'S SIGNATURE Marvin H. Schaefer

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Color, contour, etc. must use entry tabular nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 *Grady Bartholomew*

Licensed Embalmer No. 3173.....

P. O. Address. Rock Port, 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.