

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032008

STATE FILE NUMBER

FILED SEP 22 1958

Registration District No. 55

Primary Registration District No. 3011

Registrar's No. 73

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carrollton	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Norborne	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bales Hospital	Length of stay in lb Ten days	d. STREET ADDRESS (If outside, give location) RFD 1	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Obert Middle Last Stevens	4. DATE OF DEATH Month Sept. Day 15 Year 1958
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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 7-25-1882	9. AGE (In years at birthday) 76	10. UNDER 1 YEAR Months Days	11. UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Norborne, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Obediah Stevens	13b. MOTHER'S MAIDEN NAME Elizabeth Sutton	14. NAME OF HUSBAND OR WIFE Mary E. Stevens
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT Mary E. Stevens Address Norborne, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Carcinomatosis general one		INTERVAL BETWEEN ONSET AND DEATH 180 X
IMMEDIATE CAUSE (a) Hypernephroma of right kidney		5 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) invasion of vena cava, and aorta		
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"/> 2

20a. ACCIDENT <input 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.) 180 X
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from Jan 1958 to Sept 15 1958 and last saw her alive on Sept 15 1958 Death occurred at 11:45 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Eugene L Bales MD FIAP FAAS	22b. ADDRESS Carrollton Mo	22c. DATE SIGNED 9-16-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-17-1958	23c. NAME OF CEMETERY OR CREMATORY Fairhaven Cem.	23d. LOCATION (City, town, or county) (State) Norborne, Missouri
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24. FUNERAL DIRECTOR Standley-Gibson ADDRESS Carrollton, Mo.	25. DATE RECD. BY LOCAL REG. 9-18-58	26. REGISTRAR'S SIGNATURE Mrs Herbert Calvert
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

OCT 18

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 *Ben W. Gibson* _____

Licensed Embalmer No. *2961* _____
P. O. Address *Carrollton* _____

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.