

Health, & Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035356
STATE FILE NUMBER

Registration District No. 4 Primary Registration District No. 4014 Registrar's No. 84

FILED OCT 28 1958

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fairfax</u>		c. CITY OR TOWN <u>Fairfax</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Fairfax Community Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>0030</u>	
Length of stay in hospital <u>7</u> days		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>HELEN</u> Middle <u>RUTH</u> Last <u>STEVENSON</u>			4. DATE OF DEATH Month <u>October</u> Day <u>13</u> Year <u>1958</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 19, 1921</u>	9. AGE (In years last birthday) <u>37</u>	IF UNDER 1 YEAR Months <u>-</u> Days <u>21</u> Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (City and state or country) <u>Rock Port, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Henry Moore</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie Cook</u>	
14. NAME OF HUSBAND OR WIFE <u>Barney Stevenson</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.	
17. INFORMANT <u>Mrs. Wilbur Hughes Fairfax, Missouri</u>		Address <u>(Mo)</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>Intracranial Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Basilar Skull Fracture</u>			
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"/>

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>TRown through windshield of Truck in 2 Truck Wreck</u>
20c. TIME OF INJURY Hour <u>9:00pm</u> Month <u>10</u> Day <u>5</u> Year <u>58</u> a.m.	

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.) <u>Highway</u>	20f. CITY, TOWN, OR LOCATION <u>Mound City</u>	044 COUNTY <u>Holt</u>	STATE <u>Mo</u>
21. I attended the deceased from <u>Nov, 1957</u> to <u>Nov, 1958</u> and last saw her alive on <u>Nov 12, 1958</u> Death occurred at <u>3: A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <u>James R. Allan, M.D.</u> (Deputy or title)		22b. ADDRESS <u>Rock Port, Missouri</u>		22c. DATE SIGNED <u>10/15/58</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>10/15/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Millsap Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Rock Port, Mo.</u>
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24. FUNERAL DIRECTOR <u>Davis Funeral Home</u>	ADDRESS <u>Tarkio, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Oct 22, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Thermin H. Schaefer</u>
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(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.

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 *Frost C. Browning*

Licensed Embalmer No. 3338

P. O. Address Tarkio, 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.