

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040950

STATE FILE NUMBER

FILED NOV 17 1958

Registration District No. 267

Primary Registration District No. 5902

Registrar's No. 224

S. 900
1-57

1. PLACE OF DEATH a. COUNTY Perisicot			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Perisicot		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Hayti		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R. 1		Length of stay in 1b 1 Hr.	d. STREET ADDRESS (If outside, give location) 0780 R. R. 1		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Ben Middle Last Stevenson			4. DATE OF DEATH Month Nov. Day 10, Year 1958		
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6-11-1898	9. AGE (In years) (Month) 60 (Day) 00 (Hour) 00 (Min.)	IF UNDER 1 YEAR Months 00 Days 00
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Mississippi		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Ben Stevenson		13b. MOTHER'S MAIDEN NAME Enria Love		14. NAME OF HUSBAND OR WIFE Ida Stevenson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No X		16. SOCIAL SECURITY NO.	17. INFORMANT Ida Stevenson Address Hayti, Mo.		
18. CAUSE OF DEATH (Write only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A.O. 2 - From History					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 3-2
DUE TO (b) Coronary Arteriosclerosis					
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201					
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.)		
20c. TIME OF INJURY Hour 6:30 Month 11 Day 16 Year 1958 a.m. p.m.					
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.) but not certain	20f. CITY, TOWN, OR LOCATION Hayti		STATE Mo.
21. I attended the deceased from Death occurred at 6:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W. W. O. (Degree or title)			22b. ADDRESS 2008 E. St. Hayti		22c. DATE SIGNED 11-13-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/16/58	23c. NAME OF CEMETERY OR CREMATORY Honestown Cemetery		23d. LOCATION (City, town, or county) (State) Hayti, Mo.
24. FUNERAL DIRECTOR Osburn Funeral Home, Hayti, Mo. ADDRESS			25. DATE RECD. BY LOCAL REG 11-13-58	26. REGISTRAR'S SIGNATURE John German	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

SEP 15 1967

AUG 31 1967

CARTHERSVILLE, MO.

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 *James A. Debern*

Licensed Embalmer No. 4185
P. O. Address Hayti, 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.