

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000488  
STATE FILE NUMBER

FILED JAN 27 1959 Registration District No. 50 Primary Registration District No. 4072 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <b>Camden</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Camden</b>					
b. CITY (If outside corporate limits, give TOWNSHIP OR TOWN) <b>Linn Creek Mo</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Linn Creek, Mo</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Linn Creek Mo</b>			Length of stay in 1b <b>7yrs</b>		d. STREET ADDRESS (If outside, give location) <b>Linn Creek Mo</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <b>William Leroy Stevens</b>				4. DATE OF DEATH <b>Jan 20, 1959</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Sept, 7-1890</b>		9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>13</b> Hours <b></b> Min. <b></b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Railroad Engineer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>		11. BIRTHPLACE (City and state or country) <b>Weston Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>Unknown</b>				14. MOTHER'S MAIDEN NAME <b>Unknown</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT Address <b>Mrs Mabel Stevens, Linn Creek, Mo</b>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b> DUE TO (b) <b>Ch. Hypertensive Heart Disease</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Arterio Sclerosis generalised</b>							INTERVAL BETWEEN ONSET AND DEATH <b>19 days</b> <b>5 years</b>		
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.) <b>443x</b>						
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ 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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the _____ day stated above; and to the best of my knowledge from the causes stated.									
22a. SIGNATURE (Degree or title) <b>Dr. G. W. ...</b>				22b. ADDRESS <b>Camdenton, Mo</b>		22c. DATE SIGNED <b>Jan 22 1959</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>Jan. 22, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Aurora Ill. Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Aurora Illinois</b>				
24. FUNERAL DIRECTOR ADDRESS <b>Reed Funeral Home, Camdenton Mo</b>			25. DATE RECD. BY LOCAL REG. <b>Jan. 22-1959</b>		26. REGISTRAR'S SIGNATURE <b>Zilpha J. Trow</b>				

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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FEB 11 1959

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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 e  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Robert F. Reed*.....

Licensed Embalmer No. *37*

P. O. Address *Camden*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.