

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-025001**

**FILED VS JUL 15 1960** XC 227553

SL 23168 1003

Registrar's No. **6754**

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MO.</b>		c. CITY OR TOWN <b>LOUISIANA</b>	
Length of stay in lb <b>16 DAYS</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>VET ADM HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>103 1/2 NORTH MAIN STREET</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First	Middle	Last	Month	Day	Year
<b>OSCAR</b>	<b>HENRY</b>	<b>STEVENS</b>	<b>JULY</b>	<b>2</b>	<b>1960</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>8-16-95</b>	9. AGE (last birthday) <b>64</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PAINTER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (City and state or country) <b>SHELBY COUNTY, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>HARRY STEVENS</b>		13b. MOTHER'S MAIDEN NAME <b>MARTHA OTTEN</b>		14. NAME OF HUSBAND OR WIFE <b>MARGARET STEVENS</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WWI</b>			16. SOCIAL SECURITY NO. <b>UNKNOWN</b>		17. INFORMANT <b>MARGARET STEVENS, 103 1/2 MAIN</b>
			Address <b>LOUISIANA, MO.</b>		

18. CAUSE OF DEATH (Enter only one cause per line. If more than one, list in order of importance.)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a)	<b>CHRONIC BRONCHITIS, PULMONARY CONGESTION, PNEUMONITIS AND EMPHYSEMA.</b>	
DUPLICATE CAUSE (b)	<b>POST OP RESECTION OF SEGMENT OF ILEUM FOR INTESTINAL OBSTRUCTION DUE TO ADHESIVE BANDS</b>	<b>3 WEEKS</b>
DUPLICATE CAUSE (c)	<b>570.5</b>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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 e.m. p.m.	Month, Day, Year	
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. **VA** attended the deceased from **6-16-60** to **7-2-60** and last saw **him** alive on **7-2-60**  
 Death occurred at **11:50 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>WALTER B. GOLDFARB</b> (Degree or title) <b>Goldfarb M.D.</b>	22b. ADDRESS <b>VAH, ST. LOUIS, MO.</b>	22c. DATE SIGNED <b>7/2/60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>7-5-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Green Mount Cemetery</b>
24. FUNERAL DIRECTOR <b>Sterne Funeral Home, Louisiana, Mo.</b>		23d. LOCATION (City, town, or county) (State) <b>Quincy, Illinois.</b>

24. FUNERAL DIRECTOR ADDRESS	25. DATE RECD. BY LOCAL REG. <b>JUL 5 1960</b>	26. REGISTRAR'S SIGNATURE <b>Loal Smith M.D.</b>
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DOCUMENT

MEDICAL CERTIFICATION

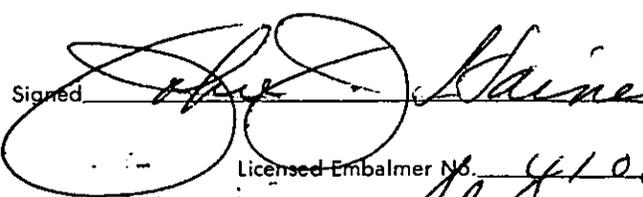
BY AFFIDAVIT OF

JUL 19 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed   
Licensed Embalmer No. 410  
P. O. Address St Louis

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