

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-006259

FILED VS MAR 1 1961

Registration District No. 1961311 Primary Registration District No. 3060 Registrar's No. 79

STATE FILE NUMBER

AMENDED

DATE FAMILIAR

INSTEAD OF

DOCUMENT

1. PLACE OF DEATH a. COUNTY ST FRANCOIS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST FRANCOIS									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FARMINGTON MO.		Length of stay in Mo.		c. CITY OR TOWN FARMINGTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 514 Center			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 514 CENTER		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) JOHN W STEVENS				4. DATE OF DEATH 2-19-61									
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2/2/87		9. AGE (last birthday) 74					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY MERCHANT		11. BIRTHPLACE (City and state or country) COLD WATER MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.							
13a. FATHER'S NAME L.B. STEVENS				13b. MOTHER'S MAIDEN NAME MINEERVA GREGORY				14. NAME OF HUSBAND OR WIFE HOWARD STEVENS, 514 CENTER FARMINGTON MO.					
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 514 CENTER FARMINGTON MO.							
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>MEDULLARY FAILURE + Toxic Encephalomalacia 1-2 hrs.</u> DUE TO (b) <u>Auricular Fibrillation + Cardiac mural Thrombosis 3-4 hrs.</u> DUE TO (c) <u>Rheumatic Fever (OLD) + Mitral + Aortic Valvulitis Sev. 1 yr.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								INTERVAL BETWEEN ONSET AND DEATH					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 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 <u>1954</u> to <u>1961</u> and last saw him alive on <u>2-19-61</u> Death occurred at <u>night</u> on the date stated above, and to the best of my knowledge, from the causes stated.								22a. SIGNATURE <u>M. G. Gabe D.D.</u>		22b. ADDRESS 17 S JACKSON FARMINGTON MO.		22c. DATE SIGNED 2/24/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 2/24/61		23c. NAME OF CEMETERY OR CREMATORY PARK VIEW		23d. LOCATION (City, town, or county) (State) FARMINGTON MISSOURI							
24. FUNERAL DIRECTOR C.H. COZEAN FARMINGTON MO.				25. DATE RECD. BY LOCAL REG. Feb. 24, 1961		26. REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>							

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

MAR 1 1961

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 *C. H. Cozart*

Licensed Embalmer No. 4084

P. O. Address Jerseyton, N.J.

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.