MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-003105
STATE FILE NUMBER

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF DOCUMENT

Registration District No. 275 Primary Registration District No. 5938 Registrar's No. 9

FILED JAN 23 1962

1. PLACE OF DEATH
a. COUNTY PHELPS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ~~NEWBURG RT. 2~~ Arlington Twp
Length of stay in 1b 4 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Newburg, Rt 2
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY PHELPS
c. CITY OR TOWN NEWBURG RT 2
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First ANNA Middle M Last STEVENSON
4. DATE OF DEATH Month Jan Day 8 Year 1962
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 10-30-1882
9. AGE (last birthday) 79
IF UNDER 1 YEAR: Months 2 Days 8 Hours Min.
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) PHELPS COUNTY Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME HUGH ROACH
13b. MOTHER'S MAIDEN NAME LORA ALEXANDER
14. NAME OF HUSBAND OR WIFE GEO. STEVENSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT MIKE HENSON Address NEWBURG Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardio-Vascular-Renal disease — INTERVAL BETWEEN ONSET AND DEATH: 2 or 3 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) + Pulmonary Edema — a few hours
DUE TO (c) Arteriosclerosis, Diabetes, Nephritis
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Dec 1960 to Jan 8, 62 and last saw her/him alive on Jan 8, 62
Death occurred at A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Richard E. Myers (Degree or title) DO
22b. ADDRESS Newburg, Mo.
22c. DATE SIGNED Jan 9, 62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE I-10-1962
23c. NAME OF CEMETERY OR CREMATORY Roach Cemetery
23d. LOCATION (City, town, or county) (State) 4mis North of Newburg Mo.
24. FUNERAL DIRECTOR LEE JOHNSON ADDRESS NEWBURG Mo.
25. DATE RECD. BY LOCAL REG. Jan 10, 1962
26. REGISTRAR'S SIGNATURE Nadine L. Stoll

(Licensed Embalmer's Statement on Reverse Side)

MAR 7 1962

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 William L. Strawbridge

Licensed Embalmer No. 5043

P. O. Address Newburgh, Me

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.