

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009616

STATE FILE NUMBER

Registration District No. 361 Primary Registration District No. 4515 Registrar's No. 15

FILED FEB 19 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

11050
20580

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94201

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121-0

132-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY SULLIVAN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY LINN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MILAN		Length of stay in 1b 9 days	c. CITY OR TOWN BROWNING Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SULL. CO. MEM. HOSP.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Browning, Mo. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last VERNE OWEN STEVENSON			4. DATE OF DEATH Month Day Year 2 13 1962			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/12/05	9. AGE (last birthday) 56	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Linn County, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Owen Stevenson		13b. MOTHER'S MAIDEN NAME Alta Sayers		14. NAME OF HUSBAND OR WIFE Blanche Fern Stevenson		
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. [REDACTED]		17. INFORMANT Beverly Sayers Mexico, Mo. Address	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute MYOCARDIAL INFARCTION		INTERVAL BETWEEN ONSET AND DEATH 10 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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"/> N- <input type="checkbox"/> Unknown

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.) BROWNING SULLIVAN MO.		20f. CITY, TOWN, OR LOCATION COUNTY STATE BROWNING SULLIVAN MO.	
21. I attended the deceased from Feb 4, 1962 to Feb 13, 1962 and last saw him alive on Feb 3, 1962 Death occurred at 9:35 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) [Signature]		22b. ADDRESS Milam, Mo	
22c. DATE SIGNED 2/13/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2/15/1962	
23c. NAME OF CEMETERY OR CREMATORY Rest Haven Memorial Gardens		23d. LOCATION (City, town, or county) (State) Brownfield Mo	
24. FUNERAL DIRECTOR E. J. Robertson Funeral Home Ladonia		25. DATE RECD. BY LOCAL REG. 2-16-62	
26. REGISTRAR'S SIGNATURE Ms. M. W. Beckett			

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF

MAY 10 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 J. Robertson

Licensed Embalmer No. 4388

P. O. Address Laredo

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.