

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018851

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUD

AMENDED

Registration District No. 174 Primary Registration District No. 5564 Registrar's No. 84

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY IRON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY IRON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN VULCAN		c. CITY OR TOWN DES ARC	
Length of stay in lb TRANSIT		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First Middle Last DELBERT RAY STEVENSON			4. DATE OF DEATH Month Day Year JUNE 4 1962
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH AUG 1, 1944
9. AGE (last birthday) 20		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHOE FACTORY WORKER		10b. KIND OF BUSINESS OR INDUSTRY SHOE	11. BIRTHPLACE (City and state or country) DES ARC, MO
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME SHERMAN STEVENSON	
13b. MOTHER'S MAIDEN NAME ZORA MORRIS		14. NAME OF HUSBAND OR WIFE ✓	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ✓		16. SOCIAL SECURITY NO.	
17. INFORMANT SHERMAN STEVENSON		Address DES ARC, 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) Skull crushed DUE TO (b) Shock and loss of blood. DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT: 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.) Speeding and loss control of car	
20c. TIME OF INJURY Hour Min. p.m. 8.40 Month, Day, Year 6 4 62		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway # 49		20f. CITY, TOWN, OR LOCATION Vulcan	COUNTY STATE Iron Mo.
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at once 8.40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>C. R. Howell</i> (Degree or title) Coroner		22b. ADDRESS Ironton mo	22c. DATE SIGNED 6/5/62
23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) BURIAL	23b. DATE JUNE 7, 1962	23c. NAME OF CEMETERY OR CREMATORY MOUNTAIN VIEW	23d. LOCATION (City, town, or county) (State) DES ARC, MO
24. FUNERAL DIRECTOR Dick Piedmont, mo		25. DATE RECD. BY LOCAL REG. 6/7/62	26. REGISTRAR'S SIGNATURE <i>Mrs. Arvia Jones</i>

VS 300 Rev. 4/59
0470
20470

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

3

4 **0**

5 **0**

6

7 **0**

8 **2**

9 **X**

10

11 **047**

12 **27-3**

13 **1-0**

USE BLACK INK OR TYPEWRITER, RIBBON

JUN 12 1962
FBI SAN FRANCISCO

Revised official June 6 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 me, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Maurice E. Bowles

Licensed Embalmer No. 4426

P. O. Address Piedmont, Mo.

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.