

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-005854
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 098 Primary Registration District No. _____ Registrar's No. 37

FILED MAR 12 1963

VS 300
Rev. 4/59

10310
2310

3
4 2
5 2
6
7 9
8 2
99160
10 16
11 031
12 90-2
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY: <u>Daviess</u>		a. STATE: <u>Missouri</u>		b. COUNTY: <u>Daviess</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: <u>Gallatin</u>		Length of stay in 1b: <u>15 Yrs.</u>		c. CITY OR TOWN: <u>Gallatin</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: <u>---</u>		Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location): <u>---</u>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH		5. YEAR	
First Middle Last: <u>Archie M. Stevenson</u>		Month Day Year: <u>March 2 1963</u>			
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>Negro</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH: <u>12-25-1889</u>	9. AGE (last birthday): <u>73</u>	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>General Labor</u>		11. BIRTHPLACE (City and state or country): <u>Unknown</u>	
12. CITIZEN OF WHAT COUNTRY: <u>USA</u>		13a. FATHER'S NAME: <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME: <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE (Dec'd): <u>Rebecca Stevenson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): <u>Unknown</u>		16. SOCIAL SECURITY NO.: <u>---</u>	
17. INFORMANT: <u>Family records Gallatin, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause of death)		INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:		IMMEDIATE CAUSE (a) <u>Suffocation</u>		<u>Few Min.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Inhalation of Smoke</u>		<u>Few Min.</u>	
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.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.): <u>Trapped in his burning home which caught</u>	
20c. TIME OF INJURY: Hour a.m. <u>6:40</u> Month, Day, Year <u>3-2-1963</u>		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.): <u>In Home</u>			
20f. CITY, TOWN, OR LOCATION: <u>Gallatin</u>		COUNTY: <u>Daviess</u>		STATE: <u>Missouri</u>	
21. I attended the deceased from <u>At death</u> to _____ and last saw her/him alive on _____ Death occurred at <u>Lifor</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE: <u>Mr Bailey Rd</u> (Degree or title)		22b. ADDRESS: <u>Gallatin Mo</u>		22c. DATE SIGNED: <u>3-4-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>		23b. DATE: <u>3-5-1963</u>		23c. NAME OF CEMETERY OR CREMATORY: <u>Brown Cemetery</u>	
23d. LOCATION (City, town, or county) (State): <u>Gallatin Missouri</u>		24. FUNERAL DIRECTOR: <u>Hope Funeral Home, Gallatin, Mo.</u>		25. DATE RECD. BY LOCAL REG.: <u>3-8-63</u>	
26. REGISTRAR'S SIGNATURE: <u>Virginia Engelhart</u>					

USE BLACK INK OR TYPEWRITER RIBBON

MAR 28 1963

Permit Recd 3-14-63 (25)
2577

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

R. Dickerson

Licensed Embalmer No. 3302

P. O. Address Ballater, 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.