MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-022276

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4744

FILED MAY 17 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
4	4-26-63	4-26-6	5-7-63

BY AFFIDAVIT OF Funeral Director DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOMER G. PHILLIPS
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO.
b. COUNTY
c. CITY OR TOWN ST. LOUIS
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS 2201A DELMAR (If outside, give location)
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: JOHN Middle: I. Last: STIVENSON

4. DATE OF DEATH Month: 4 Day: 26 Year: 63

5. SEX MALE

6. COLOR OR RACE NEGRO

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 7-25-1910

9. AGE (last birthday) 52 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PORTER

10b. KIND OF BUSINESS OR INDUSTRY TAVERN

11. BIRTHPLACE (City and state or country) MADISON, GA.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME RICH STIVENSON

13b. MOTHER'S MAIDEN NAME MOLLIE STIVENSON

14. NAME OF HUSBAND OR WIFE JEANIE STIVENSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) NO (If yes, give war or dates of servi

16. SOCIAL SECURITY NO.

17. INFORMANT FANNIE NEAL Address 2201A DELMAR

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line.) PART I. DEATH WAS CAUSED BY:

INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Cerebral Vascular accident

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 331X

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 ____ to ____ and last saw her/him alive on ____
Death occurred at 11:4 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Helen L. Taylor (Degree or title) Coroner

22b. ADDRESS 1300 Clark Ave.

22c. DATE SIGNED 4-29-63

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

23b. DATE 5-3-63

23c. NAME OF CEMETERY OR CREMATORY GREENWOOD

23d. LOCATION (City, town, or county) ST. LOUIS (State) MO.

24. FUNERAL DIRECTOR DUNN FUNERAL HOME ADDRESS 3847 PAGE BLVD.

25. DATE RECD. BY LOCAL REG. MAY 1 1963

26. REGISTRAR'S SIGNATURE Joan Smith, M.D.

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 Arthur L. Hilliard

Licensed Embalmer No. 4991

P. O. Address 3100 Carton Ave

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.