

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 8 1949

State File No. 38369
88

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6222 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY RAY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Ray		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-CROOKED RIVER		c. LENGTH OF STAY (In this place) LIFETIME	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-CROOKED RIVER		d. STREET ADDRESS (If rural, give location) R.F.D.
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Home 1					

3. NAME OF DECEASED (Type or Print) CHARLES STEVENSON			4. DATE OF DEATH (Month) (Day) (Year) NOV. 27, 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Dec. 13, 1874		9. AGE (In years last birthday) Months Days 74 11 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Mo. D		12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME JOHN STEVENSON		13b. MOTHER'S MAIDEN NAME EVALINE WILSON		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS PEARL STEVENSON HARDIN Mo.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage Arthritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis Chronic Brights Disease. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis Hemiplegia left side			INTERVAL BETWEEN ONSET AND DEATH 3 days 10 yrs 10 yrs
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 331X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Nov 24**, 1949, to **Nov 27**, 1949, that I last saw the deceased alive on **Nov 27**, 1949, and that death occurred at **5:30 AM.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Marrion Griffin D. M.D., M.S.		23b. ADDRESS Hardin, Mo.	23c. DATE SIGNED 11/27/1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 28, 1949	24c. NAME OF CEMETERY OR CREMATORY Maple	24d. LOCATION (City, town, or county) (State) Lexington, Mo.
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DATE REC'D BY LOCAL REG. Nov. 29-49	REGISTRAR'S SIGNATURE Malcolm Jackson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kruppchild & Borcharding Hardin, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

DEC 5

District Health Officer No. _____

District File Number _____

Date Filed 12-7-49

DEC 2 0 1949

FEB 28 1950

MAY 7 1952

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
Student Embalmer

Signed August Borcharding
Licensed Embalmer No. 4678

P. O. Address Harding 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 this body is not embalmed, fact should be so stated above.