

FEDERAL SECURITY AGENCY  
U. S. PUBLIC HEALTH SERVICE  
NATIONAL OFFICE VITAL STATISTICS

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

FILE NO. 116

REGISTRAR'S NO.

Registration District No. 1085

Primary Registration District No. 747

1. PLACE OF DEATH a. COUNTY <i>Mullensburg</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Ill.</i> b. COUNTY <i>Cook.</i>		
b. CITY (If outside corporate limits write RURAL and give township) OR TOWN <i>Rural, Greenville R-2</i>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Hawley</i>		4
d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION			d. STREET ADDRESS (If rural, give location) <i>15425. Ashland</i>		
3. NAME OF DECEASED (Type or Print) a. (First) <i>George Augustus</i> b. (Middle) <i>Stevenson</i> c. (Last) <i>Stevenson</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Jan. 1-1952</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Feb. 3-1894</i>	9. AGE (In years last birthday) <i>57</i>	If Under 1 Year If Under 24 Hrs Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Dentist</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>77</i>	11. BIRTHPLACE (State or foreign country) <i>Hawley Ill</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>George A. Stevenson</i>			14. MOTHER'S MARRIAGE NAME <i>Jeanette Barbour</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Yes. W.W. #1</i>		16. SOCIAL SECURITY NO. <i>NO</i>	17. INFORMANT <i>R. J. Bruce</i>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Accident in death due to plane</i>				
	ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>Crash -</i> DUE TO (b) <i>in attempt to land in fog and Rain alone</i>				<i>None</i>
	DUE TO (c)				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>866X-139-25</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE <i>accident</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>near airport</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>RFD #2, Simpson, Washington, Ky.</i>			
21d. TIME (Month) (Day) (Year) OF INJURY <i>1/2/52</i>	(Hour) <i>3:45 P.M.</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>airplane crash</i>		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. DATE SIGNED <i>1/2/52</i>	23b. ADDRESS <i>Crested City, Ky.</i>		23c. SIGNATURE (Degree or title) <i>James E. Craft, coroner</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Jan. 5</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Hazelwood</i>	24d. LOCATION (City, town, or county) (State) <i>Cook Co Ill</i>		
25a. DATE REC'D BY <i>1-5-52</i>	25b. REGISTRAR'S SIGNATURE <i>Marjorie R. Ralpe</i>		26. FUNERAL DIRECTOR ADDRESS <i>Garps Funeral Home, Greenville, Ky</i>		