

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22071**

FILED AUG 6 1948

Registration District No. **6**

Primary Registration District No. **3001**

Registrar's No. **17**

1. PLACE OF DEATH:

(a) County Audrian
(b) City or town Vandalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
808 Pershing, Vandalia, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days) Approx 14 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrian **4**
(c) City or town Vandalia **2**
(If outside city or town limits, write "RURAL")
(d) Street No. 808 Pershing **1**
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME Melvina Jane Stevens

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John W. Stevens 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 23, 1874
J. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 11 7 hr. min.

9. Birthplace Curryville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Woodson

13. Birthplace Don't know!
(City, town, or county) (State or foreign country)

14. Maiden name Maria Wright

15. Birthplace Don't know!
(City, town, or county) (State or foreign country)

16. (a) Informant Vera Stevens

(b) Address 808 Pershing, Vandalia, Mo

17. (a) Vandalia (b) Date thereof AUG. 1, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vandalia Cemetery

18. (a) Signature of funeral director W. Swater

(b) Address Vandalia, Missouri

19. (a) Aug 1 1948 (b) Mallie Fugate
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 30
year 48 hour 5 am minute _____ M.

21. I hereby certify that I attended the deceased from 6-1-48
1948 to 7/30 1948
that I last saw her alive on 7/29 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hem. Duration 10 hrs.

Due to Hypertension + arterio sclerosis. 10 yrs.

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: gsw
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 2

(Specify type of place) _____
While at work? (e) Means of injury _____

23. Signature Dr. J. B. Dougherty (M. D. or other) MD

Address Vandalia Mo. Date signed 7/31/48

RECEIVED
District Health Officer No. 10
District File Number 8-48-130
Date Filed AUG 5 1948

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed William B. Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.