

No. 300
10.48

FILED FEB 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 746

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5361 Registrar's No. 6

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Daviess | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Daviess 21 | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jackson Twp. | c. LENGTH OF STAY (In this place) 6 Weeks | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gallatin, Mo. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Home of Son Earl Stevens | | d. STREET ADDRESS (If rural, give location) --- | |

| | | | | | |
|---|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) --- c. (Last) Stevens | | | 4. DATE OF DEATH (Month) (Day) (Year) January 10 1949 | | |
|---|--|--|---|--|--|

| | | | | | | |
|--------------------|-------------------------------|---|---------------------------------------|--|--|--|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH March 18 1865 | | 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 11 HRS. 83 Months 9 Days 22 Hours --- Min. --- | |
|--------------------|-------------------------------|---|---------------------------------------|--|--|--|

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY General Farming | | 11. BIRTHPLACE (State or foreign country) Grundy County Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
|---|--|--|--|---|--|--|--|

| | | | | | | | |
|--|--|---|--|---|--|--|--|
| 13a. FATHER'S NAME Robert Stevens | | 13b. MOTHER'S MAIDEN NAME Loreta Emery | | 14. NAME OF HUSBAND OR WIFE Harriett L. Miller | | | |
|--|--|---|--|---|--|--|--|

| | | | | | | | |
|--|--|-------------------------------------|--|--|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Earl Stevens, Gallatin, Mo. | | | |
|--|--|-------------------------------------|--|--|--|--|--|

| | | | | | | | |
|---|--|---|--|--|--|---|--|
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | <p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Hypertension Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Unknown DUE TO (c) Unknown | | | | INTERVAL BETWEEN ONSET AND DEATH 6 wks | |
| 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 331X | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
|------------------------|--|--|--|--|--|--|--|

| | | | | | |
|--|--|--|--|---|--|
| 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) | |
|--|--|--|--|---|--|

| | | | | | |
|--|--|--|--|----------------------------|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 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 **2 Dec 1948** to **10 Jan 1949**, that I last saw the deceased alive on **9 Jan 1949**, and that death occurred at **9:45 pm** from the causes and on the date stated above.

| | | | | | |
|--|--|-----------------------------------|--|-----------------------------------|--|
| 23a. SIGNATURE (Degree or title) Delbert L. Miller M.D. | | 23b. ADDRESS Gallatin, Mo. | | 23c. DATE SIGNED 17 Jan 49 | |
|--|--|-----------------------------------|--|-----------------------------------|--|

| | | | | | | | |
|---|--|----------------------------|--|---|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 1-12-1949 | | 24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery | | 24d. LOCATION (City, town, or county) (State) Jamesport, Mo. | |
|---|--|----------------------------|--|---|--|---|--|

| | | | | | | | |
|--|--|---|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. 25 Jan. 1949 | | REGISTRAR'S SIGNATURE Virginia M. Engelhardt | | 25. FUNERAL DIRECTOR'S SIGNATURE L.O. Richeson | | ADDRESS Hope Funeral Home Gallatin, Mo. | |
|--|--|---|--|---|--|--|--|

(Licensed Embalmer's Statement on Reverse Side)

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

31
0
U

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.

Signed R. Lester Bran.....

Signed.....

Student Embalmer

Licensed Embalmer No. 4472.....

P. O. Address Hamilton 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.