

STANDARD CERTIFICATE OF DEATH

740

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

BIRTH NO.		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 4384		Registrar's No.		
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>				
b. CITY OR TOWN <u>Skidmore</u>		c. LENGTH OF STAY (in this place) <u>6 yrs.</u>		c. CITY OR TOWN <u>Skidmore</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Herbert</u>		b. (Middle) <u>E.</u>		c. (Last) <u>Stevens</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 19 49</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>7-5-1860</u>		
9. AGE (in years) last birthday <u>88</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Carpentering</u>		11. BIRTHPLACE (State or foreign country) <u>Waltham Mass.</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Carpentering</u>		11. BIRTHPLACE (State or foreign country) <u>Waltham Mass.</u>		12. CITIZEN OF WHAT COUNTRY? <u>Am.</u>		
13a. FATHER'S NAME <u>Joseph Stevens</u>		13b. MOTHER'S MARDEN NAME <u>Roxie Ann</u>		14. NAME OF HUSBAND OR WIFE <u>Jessie K. Kerns (deceased)</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Glenn Stevens - Skidmore, Mo.</u>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Auricular Fibrillation</u> DUE TO (c) <u>Malaise + general cachexia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4521</u>				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) 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 <u>3-16-49</u> , to <u>3-19</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3-16</u> , 19 <u>49</u> , and that death occurred at <u>10 A.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Arnold Walker, M.D.</u> (Degree or title)				23b. ADDRESS <u>Skidmore, Mo.</u>		23c. DATE SIGNED <u>3-21-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-22-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>R. of P. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Maitland Mo.</u>		
DATE REC'D BY LOCAL REG. <u>2-26-49</u>		REGISTRAR'S SIGNATURE <u>Beas Holt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M. H. ...</u>		ADDRESS <u>Maryville-Mo.</u>		

1957
SEP 15

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. 366

working under my personal supervision.

Student Laurence J. Thompson
Student Embalmer

Signed

G. M. Attleson

Licensed Embalmer No. 3279

P. O. Address Maryville, 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.