No. 300
10.48

FILED JUN 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16972

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 107

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

1. PLACE OF DEATH
a. COUNTY: ST. CHARLES
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. CHARLES
c. LENGTH OF STAY (in this place): 6 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. JOSEPH HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: WARREN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL (CAMP BRANCH) 109 0 0
d. STREET ADDRESS (If rural, give location): North of WARRENTON 1

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): ALEXANDER
c. (Last): STEVENS

4. DATE OF DEATH (Month) (Day) (Year): MAY 23, 1949

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): ~~RACHEL~~ ~~ABBOTT~~
8. DATE OF BIRTH: JULY 26, 1874
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: 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: FARMING
11. BIRTHPLACE (State or foreign country): U.S.A. (State Unknown)
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: UNKNOWN
13b. MOTHER'S MAIDEN NAME: RUTH GRANT
14. NAME OF HUSBAND OR WIFE: RACHEL ABBOTT

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: MRS. J.R. WRIGT — ADDRESS: 7716 Vermont St. Louis, 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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Benign hyperprostate — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Virus Pneumonia — 4 wks.
DUE TO (c) Pulmonary embolism — 1 wk.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 1/10X

19a. DATE OF OPERATION: 4/11/49
19b. MAJOR FINDINGS OF OPERATION: Benign hyperprostate
20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/11, 1949, *to* 5/23, 1949, *that I last saw the deceased alive on* 5/23, 1949 *and that death occurred at* 8 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B. L. Neubeiser M.D.
23b. ADDRESS: St. Charles, Mo.
23c. DATE SIGNED: 5/24/49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MAY 25, 1949
24c. NAME OF CEMETERY OR CREMATORY: CITY CEMETERY
24d. LOCATION (City, town, or county) (State): JONESBURG, MO.

DATE REC'D BY LOCAL REG.: May 24-49
REGISTRAR'S SIGNATURE: Nannie Hamilton 284
25. FUNERAL DIRECTOR'S SIGNATURE: F. W. Nieburg & Co. — ADDRESS: Warrenton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 1 1949

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 John T. Liebing

Licensed Embalmer No. 3897

P. O. Address Warrenton, 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.