

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 20 1949

State File No. 24234

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4377 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give town) Quitman		c. CITY (If outside corporate limits, write RURAL and give township) Quitman	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home May Stevens			

3. NAME OF DECEASED (Type or Print)	a. (First) Nelle	b. (Middle) May	c. (Last) Stevens	4. DATE OF DEATH (Month) (Day) (Year) July 9 1949
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 18, 1882	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 11 Days 22	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Delta, Iowa		12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME William Beasley	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE William Stevens
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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.	17. INFORMANT'S SIGNATURE OR NAME Robert Stevens Quitman, Mo	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular DUE TO (c) arteriosclerosis		2 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		no	11/49 X

19a. DATE OF OPERATION no	19b. MAJOR FINDINGS OF OPERATION no	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)	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 Feb 1946 to July 1948, that I last saw the deceased alive on July 29 1948, and that death occurred at 11:45 pm, from the causes and on the date stated above.

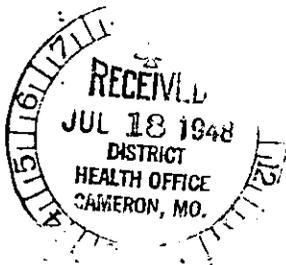
23a. SIGNATURE R. D. Jones M.D.	(Degree or title)	23b. ADDRESS Manureville Mo	23c. DATE SIGNED July 13, 1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 14/49	24c. NAME OF CEMETERY OR CREMATORY IOOF	24d. LOCATION (City, town, or county) (State) Quitman Mo
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DATE REC'D BY LOCAL REG. 5-15-49	REGISTRAR'S SIGNATURE Bess Holt	25. FUNERAL DIRECTOR'S SIGNATURE J. H. Burl	ADDRESS Jct Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1507 N Main



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 _____

working under my personal supervision. _____
Student Embalmer No. _____

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.

[Handwritten signature]
2945
Burl J. Mc...

1507 N Main