

STANDARD CERTIFICATE OF DEATH

State File No. **33311**

No. 300
10.48
FILED NOV 8 1949

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

BIRTH NO. _____		REG. DIST. NO. <u>71</u>	PRIMARY REG. DIST. NO. <u>3012</u>	Registrar's No. <u>113</u>
1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>RAY</u>		
b. CITY OR TOWN <u>Excelsior Springs</u>		c. LENGTH OF STAY (in this place) <u>18 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - GRAPE GROVE</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SHARP CONVALESCENT HOME</u>		d. STREET ADDRESS (If rural, give location) <u>5 mi North of Hardin</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Julia</u> b. (Middle) <u>Stevenson</u> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 26, 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Nov. 21, 1871</u>	9. AGE (In years last birthday) <u>77</u> <input type="checkbox"/> UNDER 1 YEAR <u>11</u> <input type="checkbox"/> UNDER 24 HRS. <u>26</u> Days Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>JOHN J. STEVENSON</u>		
13b. MOTHER'S MAIDEN NAME <u>EVALINE WILSON</u>		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>PEARL STEVENSON, HARDIN, Mo.</u> ADDRESS _____
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cordis - cerebral</u> DUE TO (c) <u>Arrhythmia fibrillation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 day</u> <u>several</u> <u>years</u> <u>disruptive</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>1142X</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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) _____		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>10/24</u> , 1949, to <u>10/26</u> , 1949, that I last saw the deceased alive on <u>10/24</u> , 1949, and that death occurred at <u>6:00 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>August B. Bohrer</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Excelsior Springs, Mo</u>		23c. DATE SIGNED <u>10/28/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 28, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple</u>
24d. LOCATION (City, town, or county) <u>Lexington</u> (State) <u>Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Trinidad & Bousharing</u> ADDRESS <u>Hardin, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>10/28/49</u>		REGISTRAR'S SIGNATURE <u>Caroline Dutchen</u>		

NOV 7

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-7-49

FEB 28 1951

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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 August Borcherting

Signed _____
Student Embalmer

Licensed Embalmer No. 46780

P. O. Address Hardin, 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.