

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

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

34620

FILED NOV 4 1949
Steele

State File No. _____
Registrar's No. 61

BIRTH NO. _____		REG. DIST. NO. <u>272</u>		PRIMARY REG. DIST. NO. <u>5912</u>		REGISTRAR'S NO. <u>61</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY <u>Pemiscot</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Pemiscot</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Steele</u>		c. LENGTH OF STAY (In this place) <u>1 rural for 2 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Steele Mo</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Virginia Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>Virginia Hosp.</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Isaac</u>	b. (Middle) <u>Harmon</u>	c. (Last) <u>Severn</u>	(Month) <u>10</u>	(Day) <u>29</u>	(Year) <u>49</u>		
5. SEX <u>MO</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>9-10-1866</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>18</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Ind</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>David Severn</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Severn</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Arnold Severn</u>				
				ADDRESS <u>Steele 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					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infectious Bladder</u>					
		ANTECEDENT CAUSES					
		DUE TO (b) <u>Prostateitis</u>					
		DUE TO (c) <u>✓</u>					<u>611X</u>
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>					
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Steele, Virginia Pemiscot, Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None injury</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>No injury</u>			
22. I hereby certify that I attended the deceased from <u>4-15-1948</u> , to <u>9-10-28-1949</u> , that I last saw the deceased alive on <u>10-25</u> , 19 <u>49</u> , and that death occurred at <u>10-28</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>A. W. Robbins M.D.</u>				23b. ADDRESS <u>Steele - Mo</u>		23c. DATE SIGNED <u>10-29-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-30</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Franklin Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Steele Mo</u>		
DATE REC'D BY LOCAL REG. <u>10-29-49</u>		REGISTRAR'S SIGNATURE <u>A. W. Robbins</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hermon Wadd Co Steele Mo</u>			

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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 _____

John H. German

Signed _____
Student Embalmer

Licensed Embalmer No. *4355*

P. O. Address *Hayti, 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.