

FILED NOV 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38225

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 409

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>	
c. LENGTH OF STAY (in this place) <u>69 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>671 E. 15<sup>th</sup></u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>671 E. 15<sup>th</sup></u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>PEARL</u>		b. (Middle) <u>Glover</u>	
		c. (Last) <u>Stevens</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov-23-1949</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Aug. 12-1876</u>
9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>11</u>	IF UNDER 14 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTH PLACE (State or foreign country) <u>Grayson Co. Texas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>James Glover</u>	13b. MOTHER'S MAIDEN NAME <u>Eliza Brushwood</u>	14. NAME OF HUSBAND OR WIFE <u>John Stevens</u>	
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. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charles Stevens</u>	ADDRESS <u>Sedalia</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Insufficiency</u> INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Arteriosclerosis</u> <u>unknown</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive Cardio-Vascular Disease</u> <u>unknown</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., to 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>25 Nov, 1949</u> , to <u>23 Nov, 1949</u> , that I last saw the deceased alive on <u>23 Nov, 1949</u> , and that death occurred at <u>7:45 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Carl Hugel</u>	(Degree or title) <u>II</u>	23b. ADDRESS <u>412 1/2 S. Ohio Ave Sedalia Mo</u>	23c. DATE SIGNED <u>25 Nov 49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-25-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>McGee Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Pettis Co Mo</u>
DATE REC'D BY LOCAL REG. <u>11-25-49</u>	REGISTRAR'S SIGNATURE <u>Betty Yeager</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Bros</u>	ADDRESS <u>Sedalia</u>

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

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RECEIVED

NOV 23

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

11-28-49

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 \_\_\_\_\_

K.P. Mcrary

Licensed Embalmer No. \_\_\_\_\_

31537

P. O. Address \_\_\_\_\_

Sedalia 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.