

FILED DEC 21 1949

STANDARD CERTIFICATE OF DEATH

40072

State File No.

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

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>362</u>	
1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>ADAIR</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. LENGTH OF STAY (in this place) <u>1 1/2</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		3. <u>3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GRIMM - SMITH HOSP.</u>				d. STREET ADDRESS (If rural, give location) <u>3 A</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alice</u> b. (Middle) <u>B.</u> c. (Last) <u>STEVENS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 - 3 - 49</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>4-9-29</u>	
9. AGE (in years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Ohio</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>MADISON ROCKWELL</u>			13b. MOTHER'S MAIDEN NAME <u>SARAH G LAZE</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Stevens</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles Stevens</u> ADDRESS <u>Kirksville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u> INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSION</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</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>12-1</u> , 19 <u>49</u> , to <u>12-3</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>12-3</u> , 19 <u>49</u> , and that death occurred at <u>11:15 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Winston T. Suedie Jr</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Kirksville, Mo.</u>		23c. DATE SIGNED <u>12-14-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-6-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ethel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ethel, Marion Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-15-49</u>		REGISTRAR'S SIGNATURE <u>Nate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Edwards</u> ADDRESS <u>Brewer Mo</u>			

RECEIVED DEC 19
District Health Officer
District File Number 12-49
Date Filed DEC 19 1961

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 _____

H. G. Edwards

Signed _____
Student Embalmer

Licensed Embalmer No. 1961

P. O. Address *Beverly 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.