

FILED MAR 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

7400

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 558 PRIMARY REG. DIST. NO. 4523 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Schell City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Schell City, Rural</u>	
c. LENGTH OF STAY (in this place) <u>3 mo.</u>		d. ADDRESS (If rural, give location) <u>Bacon Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hillier Nursing Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Susan</u>	b. (Middle) <u>Frances</u>	c. (Last) <u>Stevens</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 28, 1950</u>
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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>June 15, 1866</u>	9. AGE (In years last birthday) <u>83 yrs.</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Moberly, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Perry Crosswhite</u>	13b. MOTHER'S MAIDEN NAME <u>Amanda E. Hentry</u>	14. NAME OF HUSBAND OR WIFE <u>Ashley W. Stevens</u>
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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) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>S. Stevens</u>	ADDRESS <u>Schell City, Mo.</u>
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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, asthma, 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>Carcinoma of liver</u>		<u>1 yr.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		<u>157 A</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arteriosclerosis</u>			<u>5 yrs.</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	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)
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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? _____
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22. I hereby certify that I attended the deceased from 10/20, 1949, to 2/28, 1950, that I last saw the deceased alive on 2/24, 1950, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. O. Bjerk</u> (Degree or title)	23b. ADDRESS <u>P.O. Rockville, Mo.</u>	23c. DATE SIGNED <u>2/28/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/2/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Schell City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Mch 2-1950</u>	REGISTRAR'S SIGNATURE <u>Mrs Sarah E. Gray</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lewis &amp; Son</u>	ADDRESS <u>Schell City, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1080  
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RECEIVED  
District Health Officer No. 7,  
District File Number 2-50-156  
Date Filed 3-6-50

OCT 22 1952

VS APR 2 1959

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 Francis J. Lewis

Licensed Embalmer No. 4775

P. O. Address Schell City, 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.