

S. No. 300
EV. 10.48

0780

FILED APR 10 1951

STANDARD CERTIFICATE OF DEATH

State File No. **9505**
Registrar's No. **48**

BIRTH NO. _____		REG. DIST. NO. 272		PRIMARY REG. DIST. NO. 1912		Registrar's No. 48	
1. PLACE OF DEATH a. COUNTY Demarest				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Demarest			
b. CITY (If outside corporate limits, write RURAL and give township) Steele		c. LENGTH OF STAY (in this place) and 2 1/2		c. CITY (If outside corporate limits, write RURAL and give township) Steele		0780	
d. FULL NAME OF HOSPITAL OR INSTITUTION Virginia Hosp.				d. STREET ADDRESS (If rural, give location) Route 3			
3. NAME OF DECEASED (Type or Print) a. (First) Arnold b. (Middle) Severn c. (Last) Severn			4. DATE OF DEATH (Month) (Day) (Year) 2-22-51				
5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 2-3-1892		9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months 1 Days 19	IF OVER 1 YEAR Years 19 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) Steele Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME J.H. Severn			13b. MOTHER'S MAIDEN NAME Emma Fisher		14. NAME OF HUSBAND OR WIFE May Severn Steele		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Mex #1		16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME Miss May Severn				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Angina Pectoris				INTERVAL BETWEEN ONSET AND DEATH 2 or 3 hours	
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				DUE TO (b) Coronary disease 3 to 4 yrs	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (c) Arteriosclerosis same				DUE TO (d) None same	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION No operation				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT-SUICIDE HOMICIDE (Specify) NO		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NO injury		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NO injury			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 		21f. HOW DID INJURY OCCUR No injury			
22. I hereby certify that I attended the deceased from 2-23 1951, to 3-23 1951, that I last saw the deceased alive on 3-19 1951, and that death occurred at 8 1/2 m., from the causes and on the date stated above.							
23a. SIGNATURE Dr. Roblin M.D.				23b. ADDRESS Steele Mo		23c. DATE SIGNED 3-30-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-25-51	24c. NAME OF CEMETERY OR CREMATORY Steele		24d. LOCATION (City, town, or county) (State) Steele Mo		
DATE REC'D BY LOCAL REG. 4-3-51		REGISTRAR'S SIGNATURE Dr. Roblin		2496 FUNERAL DIRECTOR'S SIGNATURE James T. ...		ADDRESS Steele Mo	

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

4-51-94

APR 25 1951

APR - 7 1951

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed

John St. German

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.