

FILED OCT 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32429

BIRTH NO. 66316-51 REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 219

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

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkville 0013	
d. FULL NAME OF HOSPITAL OR INSTITUTION K.C.O.S.		d. STREET ADDRESS (If rural, give location) W. Missouri	

3. NAME OF DECEASED (Type or Print)	a. (First) Leatha	b. (Middle) Lee	c. (Last) Stevens	4. DATE OF DEATH (Month) (Day) (Year) Oct. 10, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct. 6, 1951	9. AGE (In years last birthday) 4	IF UNDER 1 YEAR Months 4	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY Infant	11. BIRTHPLACE (State or foreign country) Kirkville, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Verlan Stevens	13b. MOTHER'S MAIDEN NAME Leatha Bell Read	14. NAME OF HUSBAND OR WIFE None
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Verlan Stevens, Kirkville, Mo	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral anoxia		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 7950	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (m.)	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 10-10, 1951, to 10-10, 1951, that I last saw the deceased alive on 10-9, 1951, and that death occurred at 6 A. m., from the causes and on the date stated above.

23a. SIGNATURE William C. Kelly, D.O. (Degree or title)	23b. ADDRESS Kirkville, Mo.	23c. DATE SIGNED 10-10-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/10/51	24c. NAME OF CEMETERY OR CREMATORY Morelock	24d. LOCATION (City, town, or county) (State) Adair County, Mo.
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DATE REC'D BY LOCAL REG. 10-10-51	REGISTRAR'S SIGNATURE Kate Harndent	25. FUNERAL DIRECTOR'S SIGNATURE Taulkley ADDRESS Kirkville, Mo.
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Date Received: OCT 16 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-54-1855-
Date Filed: OCT 16 1951

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

John B. Cooper

Licensed Embalmer No. 4119

P. O. Address *Starkville, Ms.*

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.