

FILED JAN 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43917

BIRTH NO. _____ REG. DIST. NO. 379 PRIMARY REG. DIST. NO. 453 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mansfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mansfield</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>Mansfield</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mansfield</u>			

3. NAME OF DECEASED a. (First) <u>Nettie</u> b. (Middle) _____ c. (Last) <u>Stephens</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-21-51</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unwedded</u>	8. DATE OF BIRTH <u>April 18, 1874</u>	9. AGE (If years last birthday) <u>77</u>	IF UNDER 1 YEAR Months _____ Days _____
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 <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Wright County</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>James Newton</u>	13b. MOTHER'S MAIDEN NAME <u>Easley</u>	14. NAME OF HUSBAND OR WIFE <u>deceased</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Dwight Dennis</u>	ADDRESS <u>City</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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
	DUE TO (c) _____		
11. 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 _____	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) <u>331X</u>
--	--	---

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 Dec 19, 1951, to Dec 21, 1951, that I last saw the deceased alive on Dec 21, 1951, and that death occurred at 1:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Mansfield Mo</u>	23c. DATE SIGNED <u>1/21/52</u>
---	----------------------------------	---------------------------------

24a. BURIAL, CREMATION-REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-23-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mansfield Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Mansfield, Mo.</u>
--	---------------------------	--	---

DATE REC'D BY LOCAL REG. <u>1/22/52</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> 384	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kelley-Farrell-Bryson</u>	ADDRESS <u>Mansfield</u>
---	--	---	--------------------------

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

140
1

RECEIVED JAN 1 1952
WRIGHT CO. HEALTH DEPT.
County File Number 158-1
Date Filed Jan. 12, 1952

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 *Paul S. Ferrell*.....

Licensed Embalmer No. *4847*.....

P. O. Address *Mansfield, 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.