

THE REPUBLIC OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 23 1952

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **5568** Registrar's No. **3**

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

1. PLACE OF DEATH a. COUNTY Jackson (Blue)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Iowa b. COUNTY Woodbury	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas Cty		c. CITY (If outside corporate limits, write RURAL and give township) Bronson	
c. LENGTH OF STAY (In this place) 2 wks		d. STREET ADDRESS (If rural, give location) 8140 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 9105 Wilson Road			

3. NAME OF DECEASED (Type or Print) a. (First) Mason b. (Middle) Warren c. (Last) Sevy			4. DATE OF DEATH (Month) (Day) (Year) Jan 3, 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 17, 1893		9. AGE (In years last birthday) 78
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (State or foreign country) Look Out, W. Va		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME A. J. Sevy		13b. MOTHER'S MAIDEN NAME Annie Lydia Sevy		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lester Lorenzen, Bronson Iowa	

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) Chronic atherosclerosis		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) Coronary sclerosis			
		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 4214		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 **Oct 30, 1951**, to **Jan 3, 1952**, that I last saw the deceased alive on **Jan 2, 1952**, and that death occurred at **6:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. Ruth V. Andrews, D.O. (Degree or title)		23b. ADDRESS Independence Mo		23c. DATE SIGNED Jan 4 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 3, 1952		24c. NAME OF CEMETERY OR CREMATOR Sion Cty, Iowa	
24d. LOCATION (City, town, or county) (State)					

DATE REC'D BY LOCAL REG. Jan 3 1952		REGISTRAR'S SIGNATURE James O. Craig 354		25. FUNERAL DIRECTOR'S SIGNATURE Dixon L. Kopy Indep Mo	
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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 *Dylon L. Kepley* _____

Licensed Embalmer No. *4225* _____

P. O. Address *Indy. 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.