

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21231

State File No.

FILED JUN 20 1952

S. No. 300
V. 10.48

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|--|--|--|---|--|--|--|-------------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. <u>212</u> | | PRIMARY REG. DIST. NO. <u>5780</u> | | Registrar's No. <u>29</u> | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). | | | |
| a. COUNTY <u>MILLER</u> | | b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MT-PLEASANT</u> | | a. STATE <u>MISSOURI</u> | | b. COUNTY <u>MILLER</u> | |
| c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MT-PLEASANT - 0663</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MT-PLEASANT - 0663</u> | | d. STREET ADDRESS (If rural, give location) <u>MT-PLEASANT</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MT-PLEASANT</u> | | | | d. STREET ADDRESS (If rural, give location) <u>MT-PLEASANT</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | | 5. SEX | |
| a. (First) <u>TINA</u> | b. (Middle) <u>Augusta</u> | c. (Last) <u>Stevens</u> | Month <u>June</u> | Day <u>8</u> | Year <u>1952</u> | Female | 6. COLOR OR RACE <u>White</u> |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>4 Aug. 1884</u> | 9. AGE (In years last birthday) <u>67</u> | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>At-Home</u> | 11. BIRTHPLACE (State or foreign country) <u>CALLAWAY - MO</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Joseph Potx</u> | | 13b. MOTHER'S MAIDEN NAME <u>LENA - Ruth</u> | | 14. NAME OF HUSBAND OR MARRIED <u>John Stevens</u> | | | |
| 15. HAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>John Stevens - Mt-Pleasant</u> | | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | MEDICAL CERTIFICATION | | | | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hodgkins disease</u> | INTERVAL BETWEEN ONSET AND DEATH | | | | | | |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused 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 <u>NONE</u> | | | | | | |
| 19b. MAJOR FINDINGS OF OPERATION <u>NONE</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | 21a. ACCIDENT SUICIDE HOMICIDE <u>H</u> | | |
| 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NONE</u> | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u> | | | | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>NONE</u> | | | | | | |
| 22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>52</u> , to <u>June 8</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>June 8</u> , 19 <u>52</u> and that death occurred at <u>7:00 P</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>E. O. Shelton M.D.</u> | | | | 23b. ADDRESS <u>ELDON - MO</u> | | 23c. DATE SIGNED <u>10 June 52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>10 June 52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Pivoview</u> | 24d. LOCATION (City, town, or county) (State) <u>Jefferson-City MO</u> | | | | |
| DATE REC'D BY LOCAL REG. <u>June 10, 1952</u> | REGISTRAR'S SIGNATURE <u>Adverta Walt</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith M. Kays</u> | ADDRESS <u>ELDON MO</u> | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

666
1

[Faint, illegible text and markings]

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 *Keith M. Kays*

Licensed Embalmer No. *3998*

P. O. Address *Eldon 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.