

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

4443

State File No.

FILED JAN 26 1953

BIRTH NO. _____		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>3072</u>		Registrar's No. <u>118</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Marshall</u>		c. LENGTH OF STAY (in this place) <u>3yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Marshall,</u>		<u>0972</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>474 S. Brunswick</u>				d. STREET ADDRESS (If rural, give location) <u>474 S. Brunswick</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sallie</u>			b. (Middle) _____			c. (Last) <u>Steverson</u>	
4. DATE OF DEATH		5. SEX <u>Female</u>					
(Month) (Day) (Year) <u>Jan. 21, 1953</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 23, 1885</u>	
9. AGE (In years last birthday) <u>68</u>		10. MONTHS <u>10</u>		11. DAYS <u>28</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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>Housekeeping</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	
13a. FATHER'S NAME <u>Ned Buford</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Lewis</u>		14. NAME OF HUSBAND OR WIFE <u>Johnson Steverson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Johnson Steverson, Marshall, Mo.</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <u>Influenza Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>1/18/53</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Chronic Arthritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>480X</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>Aug 1</u> , 19 <u>52</u> , to Jan 21, 19 <u>53</u> , that I last saw the deceased alive on <u>1/2</u> , 19 <u>53</u> and that death occurred at <u>5:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>Marshall, Missouri</u>		23c. DATE SIGNED <u>1/23/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/24/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Salt Pond Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Saline County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1-23-1953</u>		REGISTRAR'S SIGNATURE <u>Sidney F. Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>George H. Green - Marshall, Mo.</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 _____

George B. Beem

Licensed Embalmer No. 4230

P. O. Address Marshall, Miss

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.