

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11026

State File No. ....

FILED APR 14 1953

BIRTH NO. ....		REG. DIST. NO. <u>294</u>	PRIMARY REG. DIST. NO. <u>3056</u>	Registrar's No. <u>104</u>
1. PLACE OF DEATH a. COUNTY <u>Randolph 0883</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Adair 0013</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (In this place) <u>0 3 Hours</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>909 East Normal</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOEL WILLIAM</u> b. (Middle) <u>SEVER</u> c. (Last) <u>SEVER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April - 8 - 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>January - 20 - 1900</u>	
9. AGE (In years last birthday) <u>53</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Executive</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Show and Machine Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Franklin P. Sever</u>	13b. MOTHER'S MAIDEN NAME <u>Gene Sturgess</u>	14. NAME OF HUSBAND OR WIFE <u>Fannie Wilson Sever</u>
15. WAS 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>Fannie Sever</u> ADDRESS <u>Kirkville 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Severe Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>none</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>7 1/2 hrs</u>
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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	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>April 8, 1953</u> , to <u>April 8, 1953</u> , that I last saw the deceased alive on <u>April 8, 1953</u> , and that death occurred at <u>11:58 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>W. H. ...</u> (Degree or title)		23b. ADDRESS <u>Moberly, Mo.</u>		23c. DATE SIGNED <u>April 9 53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>April - 10 - 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>O. O. F. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Woodland, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-10-53</u>	REGISTRAR'S SIGNATURE <u>...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert B. Davis</u> ADDRESS <u>Kirkville, Mo.</u>		

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

JUN 21 1954

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 Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Kirkville, 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.