S. No. 300
v. 10.48

FILED APR 11 1953

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

State File No. 13086

BIRTH NO. _____ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 4545 Registrar's No. 32

1120

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

**1. PLACE OF DEATH**
a. COUNTY: WEBSTER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MARSHFIELD
c. LENGTH OF STAY (In this place): 10 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: WEBSTER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MARSHFIELD MO 1120
d. STREET ADDRESS (If rural, give location):

**3. NAME OF DECEASED** (Type or Print): a. (First) GRACE b. (Middle) c. (Last) STEVER

**4. DATE OF DEATH** (Month) (Day) (Year): APR 7 1953

**5. SEX**: Female
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED
**8. DATE OF BIRTH**: FEB 25 1872
**9. AGE** (In years last birthday): 81 — IF UNDER 1 YEAR: Months 1 Days 12 — IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): HOUSEWIFE
**10b. KIND OF BUSINESS OR INDUSTRY**: —
**11. BIRTHPLACE** (City and State or Foreign Country): HUNTSVILLE ALA
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: UNKNOWN
**13b. MOTHER'S MAIDEN NAME**: UNKNOWN
**14. NAME OF HUSBAND OR WIFE**: OSCAR STEVER

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): NO (If yes, give war or dates of service): —
**16. SOCIAL SECURITY NO.**: —
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: OSCAR STEVER MARSHFIELD

**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, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | Metabolic imbalance | 3-4 days |
| ANTECEDENT CAUSES | Obstructing lesion - G.I. | 14-days |
| DUE TO (b) | Carcinoma of The Stomach | 1-2 yrs |
| DUE TO (c) | Diabetes Mellitus | 12 yrs + |
| II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death) | 1 Arteriosclerotic Heart Disease<br>2 Anemia, sever<br>3 Non Union, Rt. Fracture of Rt Femur Hip | |

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

**19a. DATE OF OPERATION**
**19b. ~~MAJOR FINDINGS OF OPERATION~~**
**20. AUTOPSY?** YES ☐ NO ☒

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?** 151 X F

22. *I hereby certify that I attended the deceased from* March 22, 1953, *to* April 7, 1953, *that I last saw the deceased alive on* April 6, 1953, *and that death occurred at* 4 30 A *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Thomas M. Macdonnell M.D.
**23b. ADDRESS**: Marshfield, Mo.
**23c. DATE SIGNED**: 4/8/53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: 4-9-1953
**24c. NAME OF CEMETERY OR CREMATORY**: MARSHFIELD
**24d. LOCATION** (City, town, or county) (State): MARSHFIELD MO

**DATE REC'D BY LOCAL REG.**: 4-9-53
**REGISTRAR'S SIGNATURE**: J. L. Francis 392
**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: BARBER-BARTO MARSHFIELD

(Licensed Embalmer's Statement on Reverse Side)

## 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 R. W. Barber

Licensed Embalmer No. 3848

P. O. Address Mitty Home

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.