

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

State File No. **18430**  
**RECEIVED**  
 Registrar's No. **2236**

Mo. 300-10-48  
 MAY 20 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001

1. PLACE OF DEATH a. COUNTY <u>Harrison Jasper</u>		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Neosho</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Neosho</u>	c. LENGTH OF STAY (in this place) <u>1732</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Neosho</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>632 Park St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harold</u> b. (Middle) <u>G.</u> c. (Last) <u>SEVERS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 5, 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>Dec 25, 1910</u>	9. AGE (In years last birthday) <u>42</u>	IF UNDER 1 YEAR: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Constructing Forman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Concrete</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Granby, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William Severs</u>		13b. MOTHER'S MAIDEN NAME <u>Nora Rudy</u>	
14. NAME OF HUSBAND OR WIFE <u>Beulah Severs</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____	

17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Beulah Severs</u>		ADDRESS <u>Neosho, 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rheumatic Heart Disease, decompensated</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</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>Nephrosclerosis</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>			<u>6 months / year</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>416X</u>	
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 4/27, 1953, to 5/5, 1953, that I last saw the deceased alive on 5/4, 1953, and that death occurred at 6:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harold B. Burdette, M.D.</u>	23b. ADDRESS <u>506 Frisco Bldg. Joplin, Mo.</u>	23c. DATE SIGNED <u>5/7/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>May 7, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Neosho I.O.O.F.</u>
24d. LOCATION (City, town, or county) (State) <u>Neosho, Missouri</u>		

DATE REC'D BY LOCAL REG. <u>5-12-53</u>	REGISTRAR'S SIGNATURE <u>James L. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Earley Thompson Jr.</u>	ADDRESS <u>Neosho, Mo.</u>
--	--	--	-------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

95  
0

**RECEIVED** 5-19-53  
Jasper County Health Office

County File Number 53-5-431

Date Filed 5-19-53

**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 Lesley Thompson Jr.

Licensed Embalmer No. 4861

P. O. Address Neosho, 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.