No. 300
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# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 9768

FILED APR 6 1954

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6042 Registrar's No. 434

**1. PLACE OF DEATH**
a. COUNTY: Ripley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Warners
c. LENGTH OF STAY (in this place): 15 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2 miles E. of Oxly, Mo.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ripley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 0910 0
d. STREET ADDRESS (If rural, give location): 2 miles E. of Oxly, Mo.

**3. NAME OF DECEASED** (Type or Print)
a. (First): CHARLES
b. (Middle): A.
c. (Last): STEVENS

**4. DATE OF DEATH** (Month) (Day) (Year): Feb. 20, 1954

**5. SEX**: male 0
**6. COLOR OR RACE**: white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): never married 0
**8. DATE OF BIRTH**: Sept. 22, 1864
**9. AGE** (In years last birthday): 89 — IF UNDER 1 YEAR: Months 4, Days 28 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Laboror
**10b. KIND OF BUSINESS OR INDUSTRY**: odd jobs
**11. BIRTHPLACE** (State or foreign country): Indiana
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Unknown
**13b. MOTHER'S MAIDEN NAME**: Unknown
**14. NAME OF HUSBAND OR WIFE**: never married

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service): no
**16. SOCIAL SECURITY NO.**: none
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Welefare Office Doniphan, Mo.

**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**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): myocardial
ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): degeneration
DUE TO (c): wide mitral
II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*: regurgitation

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: none 410 X
**20. AUTOPSY?** YES ☐ NO ☐

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): no
**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?**: none

22. *I hereby certify that I attended the deceased from _____, 1952, to Feb, 1954, that I last saw the deceased alive on Feb, 1954 and that death occurred at _____ m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): H. Ewhitt MD
**23b. ADDRESS**: Naylor MO
**23c. DATE SIGNED**: 3/27/54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): burial
**24b. DATE**: 2/20/1954
**24c. NAME OF CEMETERY OR CREMATORY**: Antioch Cemetery
**24d. LOCATION** (City, town, or county) (State): Oxly, Missouri

**DATE REC'D BY LOCAL REG.**: 3-31-54
**REGISTRAR'S SIGNATURE**: E B Johnston 277-1
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Edwards Funeral Home Doniphan, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

## 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 Gene H Parrent

Licensed Embalmer No. 4809

P. O. Address Doniphan, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.