

STANDARD CERTIFICATE OF DEATH

FILED MAR 21 1955

BIRTH NO. _____ REG. DIST. NO. 16 PRIMARY REG. DIST. NO. 5322 Registrar's No. 4-1755

280

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

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cuba "Rural" BENEFIT</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cuba "Rural" Oakhill</u>	
c. LENGTH OF STAY (In this place) <u>3 MONTHS</u>		d. STREET ADDRESS (If rural, give location) <u>RT 2 ON HOFFLIN - RR 90 Rd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Daughters Home 4 1/2 mi. N.E. of Cuba</u>			

3. NAME OF DECEASED a. (First) <u>MARGARET</u>		b. (Middle) <u>JEANETTE</u>		c. (Last) <u>STEVENS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 11 1955</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 9 1873</u>		9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months Days Hours Min.	
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>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Cuba MO.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>John Chapman</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Pease</u>		14. NAME OF HUSBAND <u>George W. Stevens dead</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>Mrs. Agnes Chapman R.H.A. Cuba, Mo.</u>			
15. (If yes, give war or dates of service)		16. (If yes, give war or dates of service)		17. ADDRESS			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMATOSIS (PRIMARY UNDETERMINED)</u>						<u>1 YEAR?</u>	
		ANTECEDENT CAUSES							
		DUE TO (b) <u>ARTERIOSCLEROTIC HEART DIS.</u> DUE TO (c) _____						<u>20 YEARS</u>	
		II. OTHER SIGNIFICANT CONDITIONS							
		Conditions contributing to the death but not related to the disease or condition causing death. <u>THROMBOPHLEBITIS, FEMORAL</u>						<u>3 DAYS</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. (Specify)		19b. (Specify)		19c. (Specify)		19d. (Specify)		19e. (Specify)	

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	
21d. (Specify)		21e. (Specify)		21f. (Specify)	

22. I hereby certify that I attended the deceased from Aug, 1955, to MARCH 11, 1955, that I last saw the deceased alive on MARCH 9, 1955, and that death occurred at 12:15 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Carl W. Walden M.D.</u>		23b. ADDRESS <u>Bourbon, Mo.</u>		23c. DATE SIGNED <u>3-16-55</u>	
23a. (Specify)		23b. (Specify)		23c. (Specify)	

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>MAR. 14 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Delhi Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cuba RT 2 MO</u>	
24a. (Specify)		24b. (Specify)		24c. (Specify)		24d. (Specify)	

DATE REC'D BY LOCAL REG. <u>3-17 1955</u>		REGISTRAR'S SIGNATURE <u>Paula. Shambler</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Norman E. Spencer</u>		ADDRESS <u>Cuba, MO</u>	
DATE REC'D BY LOCAL REG. (Specify)		REGISTRAR'S SIGNATURE (Specify)		FUNERAL DIRECTOR'S SIGNATURE (Specify)		ADDRESS (Specify)	

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Harmon O. Hoeren

Signed.....
Student Embalmer

Licensed Embalmer No. *4673*

P. O. Address *Cuba, Missouri*

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.