

FILED AUG 16 1955 **STANDARD CERTIFICATE OF DEATH**

THE DIVISION OF HEALTH OF MISSOURI

State File No. **27399**

BIRTH NO. **124** REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **4462** Registrar's No. **229**

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

| | | | |
|--|--|--|-------------------------------|
| 1. PLACE OF DEATH a. COUNTY St. Francis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Washington | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elvins | | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN Peteri |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Benham Nursing Home | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| e. STREET ADDRESS (If rural, give location) 1700 | | f. 1 | |

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|--|-------------------------------|---|---|---|------------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) Mrs b. (Middle) Stevens c. (Last) Stevens | | | 4. DATE OF DEATH (Month) (Day) (Year) Aug. 7 1955 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | 8. DATE OF BIRTH Oct. 3 1889 | 9. AGE (In years last birthday) 65 | 10. MONTHS 10 DAYS 4 |
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Retired | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Chillicothe Mo. | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | | |

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|-----------------------------------|--|-----------------------------|
| 13a. FATHER'S NAME Unknown | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE |
|-----------------------------------|--|-----------------------------|

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|---|--|---|--------------------|
| 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. Unknown | 17. INFORMANT'S SIGNATURE OR NAME Unnie Sparker Peteri Mo. | ADDRESS Mo. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 7 days |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage | | DUPLICATE (b) 331X | | |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) | | |

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|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|--|

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|--|--|---|
| 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? |
|---|--|----------------------------|

22. I hereby certify that I attended the deceased from **6-20**, 19**55**, to **8-4**, 19**55**, that I last saw the deceased alive on **8-4**, 19**55**, and that death occurred at **8 A. m.**, from the causes and on the date stated above.

| | | |
|--|---------------------------------|--------------------------------|
| 23a. SIGNATURE (Degree or title) W. H. Morris, M.D. | 23b. ADDRESS Elvins, Mo. | 23c. DATE SIGNED 8-8-55 |
|--|---------------------------------|--------------------------------|

| | | | |
|---|-------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 8-8-55 | 24c. NAME OF CEMETERY OR CREMATORY Peteri Masonic Cem | 24d. LOCATION (City, town, or county) (State) Peteri Mo. |
|---|-------------------------|--|---|

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|---|---|---|--------------------|
| DATE REC'D BY LOCAL REG. Aug 8, 1955 | REGISTRAR'S SIGNATURE Eather Rudloff | 25. FUNERAL DIRECTOR'S SIGNATURE Mrs Luther Sparker Peteri Mo. | ADDRESS Mo. |
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RECEIVED
MAY 13 1953

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.....
Signature of Student Embalmer

Signed *Murphy Sparks*

Licensed Embalmer No. *1356*

P. O. Address *Flad River*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.