

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 3484

FILED JAN 28 1957

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		c. LENGTH OF STAY (In this place) <u>22 days</u>	c. CITY OR TOWN <u>Milo</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>R#1</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			
a. (First) <u>Mayme</u>	b. (Middle) <u>Alice</u>	c. (Last) <u>Stevens</u>	(Month) <u>January</u>	(Day) <u>2</u>	(Year) <u>1957</u>	
5. SEX <u>Fm</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>November 16</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. 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>Onw home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Walker Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>John Dillon</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Withrow</u>		14. NAME OF HUSBAND OR WIFE <u>Joe Stevens Milo, Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joe Stevens</u>	
				ADDRESS <u>Milo, Missouri</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>22 Days</u>
<p>*This does not mean the mode of dying, such as heart failure, athenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>			
		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension and Obesity</u> DUE TO (c) <u>Hypertensive Heart Disease</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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) m.		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 Dec. 11, 1956, to Jan. 2, 1957, that I last saw the deceased alive on Jan. 2, 1957, and that death occurred at 2:10 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>F. L. Martin</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>218 E Hunter Nevada, Mo.</u>		23c. DATE SIGNED <u>1-26-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Newton Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Nevada Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1-17-1957</u>		REGISTRAR'S SIGNATURE <u>(Anna) S. Ferry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ferry Funeral Home Nevada, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

4510

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.....
F. Stephen Ferry

Licensed Embalmer No. *496*

P. O. Address *Nevada*

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.