RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUN 20 1960

-60-023703

STATE FILE NUMBER

Registration District No. 175 Primary Registration District No. 4277 Registrar's No. 63

NDED

1. PLACE OF DEATH
a. COUNTY Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Verona — Length of stay in 1b: 1 Year
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hendershot Rest Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lawrence
c. CITY OR TOWN Verona — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Annie Middle Maude Last Stevens

4. DATE OF DEATH: Month June Day 10 Year 1960

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12/1/1875
9. AGE (last birthday): 84
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): New York State
12. CITIZEN OF WHAT COUNTRY: USA.

13a. FATHER'S NAME: John Hick
13b. MOTHER'S MAIDEN NAME: Mother
14. NAME OF HUSBAND OR WIFE: Marvin Stevens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Marvin Stevens, Verona, Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Edema, Pulmonary — INTERVAL BETWEEN ONSET AND DEATH: 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Decompensation, Myocardial — 2 month
DUE TO (c) Hypertensive Heart Disease — years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Hypertension, Severe.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from January 10, 1960 June 9, 1960 and last saw her alive on June 9, 1960
Death occurred at 4:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Kenneth L. Kelsey M.D. (Degree or title)
22b. ADDRESS Aurora, Mo.
22c. DATE SIGNED June 11, 1960

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 13, 1960
23c. NAME OF CEMETERY OR CREMATORY: Springriver Cemetery
23d. LOCATION (City, town, or county) (State): Verona Missouri

24. FUNERAL DIRECTOR: Oscar L. Marsh ADDRESS: Aurora, Missouri
25. DATE RECD. BY LOCAL REG.: June 13-1960
26. REGISTRAR'S SIGNATURE: Ora McNatt

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

Signature of Student Embalmer

Signed

Licensed Embalmer No. 4213

P. O. Address Monett M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.