

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-029346

FILED VS. JUL 28 1960 340

Primary Registration District No. 6151 Registrar's No. 57

STATE FILE NUMBER

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|---|--|--|--|---|---|--|---|---|--|--|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Stoddard | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Stoddard | | | | | | | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dexter (Elk) | | Length of stay in 1b | | c. CITY OR TOWN Dexter | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) Star Route | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | | | |
| 3. NAME OF DECEASED (Type or print) First Sarah Middle E. Last Stevens | | | | 4. DATE OF DEATH Month June Day 1, Year 1960 | | | | | | | | | | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 8-3-1872 | | 9. AGE (last birthday) 87 | | IF UNDER 1 YEAR Months 9 Days 28 | | IF UNDER 24 HR Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired House-keeper | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Wayne County, Ill. | | 12. CITIZEN OF WHAT COUNTRY U. S. A. | | | | | | | |
| 13a. FATHER'S NAME Samuel Thomas | | | | 13b. MOTHER'S MAIDEN NAME Beck Wolf | | | | 14. NAME OF HUSBAND OR WIFE Ira Stevens (Dec'd) | | | | | | | |
| 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 Address Tony Stevens, Dexter, Mo. | | | | | | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolism | | | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 3 days | | | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerosis | | | | | | | | | | 10 yrs. | | | | | |
| DUE TO (c) Chronic glomerulo-nephritis | | | | | | | | | | 6 yrs. | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | | | | | | | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | | | | | | | | 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 May 1956 to June 1st 60 and last saw her June 1st 1960 and last saw him live on | | | | | | | | | | | | | | | |
| Death occurred at 7:05 P.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | | | | | | | |
| 22a. SIGNATURE (Degree, or title) <i>[Signature]</i> | | | | | | 22b. ADDRESS Dexter Mo | | | | 22c. DATE SIGNED 7/9/60 | | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | | 23b. DATE 6-4-60 | | 23c. NAME OF CEMETERY OR CREMATORY Bernie | | | 23d. LOCATION (City, town, or county) (State) Bernie, Missouri | | | | | | | |
| 24. FUNERAL DIRECTOR ADDRESS Strickland-Rainey Dexter, Mo. | | | | 25. DATE RECD. BY LOCAL REG. 6-18-60 | | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> | | | | | | | | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

