

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016521

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. _____ Registrar's No. 182

FILED MAY 8 1962

VS 300
Rev. 4/59

10940

26090-

3

4

5

6

7

8

10

11

12

13

USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bollinger	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Township		Length of stay in 1b 16Y;5M;20das.	c. CITY OR TOWN Marble Hill
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 4		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Bollinger County Farm
3. NAME OF DECEASED (Type or print) CANNIE STEVENS		4. DATE OF DEATH Month April Day 26 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/7/1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 68 or 69
13a. FATHER'S NAME Asa Stevens		13b. MOTHER'S MAIDEN NAME Emma Hartle	11. BIRTHPLACE (City and state or country) Scopus, Missouri
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	12. CITIZEN OF WHAT COUNTRY U.S.A.
17. INFORMANT Records, State Hospital #4, Farmington, Mo.		14. NAME OF HUSBAND OR WIFE None	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Terminal pneumonia			INTERVAL BETWEEN ONSET AND DEATH 2 das.
DUE TO (b) Inanition			1 week.
DUE TO (c) Psychosis with mental deficiency			Abt. 17 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart Disease.			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 _____ a.m. _____ p.m. 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 April 24, 1962 to April 26, 1962 and last saw her ^{her} _{born} alive on April 26, 1962 Death occurred at 3:15 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>John P. Brennan MD</i> (Degree or title)		22b. ADDRESS State Hospital No. 4, Farmington, Missouri	22c. DATE SIGNED 4-27-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE May 1, 1962	23c. NAME OF CEMETERY OR CREMATORY Washington Univ. Anat. Dept.	23d. LOCATION (City, town, or county) St. Louis, Missouri (State)
24. FUNERAL DIRECTOR Via Miller Funeral Home, Farmington, Mo.		25. DATE RECD. BY LOCAL REG. Apr. 27, 1962	26. REGISTRAR'S SIGNATURE <i>Eather Rudloff</i>

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 Not Embalmed, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed [Signature]

Licensed Embalmer No. 4120

P. O. Address Farmington Mo

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.