

DEPARTMENT OF COMMERCE  
FILED OCT 13 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 296

Primary Registration District No. 444

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Orriok, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1  
(Specify whether years, months or days)

In this community All Her Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray

(c) City or town Orriok, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. Inside Of City Limits  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country U.S.A.

3. (a) PRINT FULL NAME LUCY JANE STEVINSON

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife James D. Stevinson Deceased 6. (c) Age of husband or wife if deceased 30 th. 1863.

7. Birth date of deceased Aug. 30 th. 1863.  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>		<u>23</u>	hr. _____ min. _____

9. Birthplace Ray Co., Mo. (City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business \_\_\_\_\_

12. Name Wm. A White

13. Birthplace Vergina (City, town, or county) (State or foreign country)

14. Maiden name Eliza Ann Williams

15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Jess Stevinson  
(b) Address Richmond, Mo.

17. (a) Burial (b) Date thereof 9-24-44.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope

18. (a) Signature of funeral director J. B. Brothers  
(b) Address Richmond, Mo.

19. (a) 9/28/44 (b) D. G. Stevinson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep. day 32nd. year 1944. hour 8 minute A. M.

21. I hereby certify that I attended the deceased from Sept. 20, 1944, to Sept. 22, 1944; that I last saw her alive on Sept 22, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Cerebral Hemorrhage

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident; suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Virgil E. Rhoads (M. D. or other) \_\_\_\_\_  
Address Orriok, Mo. Date signed 9-27-44

Duration

Unknown

1 day

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1222

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

10-10-64

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.....

J.B. Brothere

Registered Apprentice No.....

working under my personal supervision.

Brothers Funeral Home

Signed

J.B. Brothere

Licensed Embalmer No. 2001.

P. O. Address Richmond, 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 this body is not embalmed, fact should be so stated above.