No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 19 1948
Registration District No. 274

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

9686

State File No.

Primary Registration District No. 3052

Registrar's No. 61

1. PLACE OF DEATH:
(a) County: Pettis
(b) City or town: Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Woodland Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 24 hours
In this community: lifetime in County (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pettis
(c) City or town: Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No.: 306 S. Moniteau
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Novella Hunter Stevens
3. (b) If veteran, name war: none
3. (c) Social Security No.: 492-183-385
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Clarence P. Stevens
6. (c) Age of husband or wife if alive: 48 years
7. Birth date of deceased: May 22, 1896 (Month) (Day) (Year)

8. AGE: Years 50 | Months 9 | Days 3 | If less than one day ___ hr. ___ min.

9. Birthplace: Pettis County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife-Cook
11. Industry or business:
MOTHER FATHER
12. Name: Benjamin Hunter
13. Birthplace: unknown, Indiana (City, town, or county) (State or foreign country)
14. Maiden name: Sarah Margaret Smith
15. Birthplace: Johnson County, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: C.P. Stevens, (husband)
(b) Address: 306 S. Moniteau, Sedalia
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/27/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Crown Hill
18. (a) Signature of funeral director: Dyrand Ewing
(b) Address: Sedalia, Missouri
19. (a) 2/27/48 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25, year 1948 hour 8:00 minute A. M.

21. I hereby certify that I attended the deceased from Sept 20, 1947 to Feb 25, 1948 that I last saw her alive on Feb 25, 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Delayed post-operative shock with circulatory collapse — | 16 hrs — |
| Due to: Obstruction of duodenum surgical corrected — | 6 wks. |
| Due to: Primary carcinoma of pancreas with metastasis | 2 1/2 yrs |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause of which death should be charged statistically.

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

23. Signature: [illegible] D.O. (M.D. or other) D.O.
Address: Woodland Hospital Date signed: 2/27/48
Sedalia, Mo

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 3-18-48

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 Warren K. Dietz, Registered Apprentice No. 70, working under my personal supervision.

Signed Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia 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.