

FILED MAR 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 8106

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>261</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>23yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>215 E. Dale</u>				d. STREET ADDRESS (If rural, give location) <u>215 East Dale</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>MARY</u>		b. (Middle) <u>ANNA</u>		c. (Last) <u>STEVER</u>	
4. DATE OF DEATH		(Month) <u>March</u>		(Day) <u>20,</u>		(Year) <u>1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 14, 1907</u>		9. AGE (In years last birthday) <u>42</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>In Home</u>		11. BIRTHPLACE (State or foreign country) <u>Jasper Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Abram Sallee</u>		13b. MOTHER'S MAIDEN NAME <u>D.A. Alexander</u>		14. NAME OF HUSBAND OR WIFE <u>Franzo Stever</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY No. <u>497-22-8682</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Franzo Stever</u> ADDRESS <u>Springfield, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Nov. 1947</u>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of pelvis</u> INTERVAL BETWEEN ONSET AND DEATH <u>Dont know</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1991</u>			
19a. DATE OF OPERATION <u>Nov. 1947</u>		19b. MAJOR FINDINGS OF OPERATION <u>carcinoma of uterus & appendages</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <input checked="" type="checkbox"/>			
22. I hereby certify that I attended the deceased from <u>8-10</u> , 19 <u>48</u> to <u>3-17</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3-17-</u> , 19 <u>49</u> and that death occurred at <u>3:18a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C. E. Feller M.D.</u> (Degree or title)				23b. ADDRESS <u>609 Cherry, Springfield; Mo</u>		23c. DATE SIGNED <u>3-21-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>MAR. 22, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stever Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Webster Co. Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3/23/49</u>		REGISTRAR'S SIGNATURE <u>H. S. Handley</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. W. Klingner & Co. Springfield, Mo</u>			

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

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Max Rhodes

Signed.....
Student Embalmer

Licensed Embalmer No. _____

4071

P. O. Address _____

Springfield

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.