

FILED FEB 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4204

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 61 - PRIMARY REG. DIST. NO. 4107 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Eldorado</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> <u>VERNON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El Dorado Spg</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Walker</u> <u>1080</u>	
c. LENGTH OF STAY (in this place) <u>1 mo</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kings Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) <u>ROSE</u> <u>ETTA</u> <u>STEPHENS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-21-50</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>JAN. 12, 1870</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
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		11. BIRTHPLACE (State or foreign country) <u>Sheridan County, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John Dixon</u>	13b. MOTHER'S MAIDEN NAME <u>Johannah McKillen</u>	14. NAME OF HUSBAND OR WIFE <u>William</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Beatrice Stout</u>
		ADDRESS <u>Kansas City</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis, Chronic</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Apoplexy</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4222</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 Jan, 1950, to 21 Feb, 1950, that I last saw the deceased alive on 21 Feb, 1950, and that death occurred at 6:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>John J. Hill</u>	(Degree or title) <u>Dr.</u>	23b. ADDRESS <u>Eldorado Springs, Mo.</u>	23c. DATE SIGNED <u>2/21/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/22/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Metz</u>	24d. LOCATION (City, town, or county) (State) <u>Metz, Mo.</u>

DATE REC'D BY LOCAL REG. <u>FEB 24, 1950</u>	REGISTRAR'S SIGNATURE <u>George D. [Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Malver Funeral Home</u>	ADDRESS <u>El Dorado Spg</u>
---	---	--	---------------------------------

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

201  
4

Stephens

RECEIVED

District Health Officer No. 77

District File Number 1-50-128

Date Filed 2-27-50

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.

Student \_\_\_\_\_  
Student Embalmer

Signed George W. Nafes

Licensed Embalmer No. 2752

P. O. Address Cl. Bernde Sped

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.