

FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13730

BIRTH NO. _____ REG. DIST. NO. 194 PRIMARY REG. DIST. NO. 5711 Registrar's No. 5

8600

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

1. PLACE OF DEATH a. COUNTY <u>McDonald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Elkhorn</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural 6600</u>	
c. LENGTH OF STAY (in this place) <u>9 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Rocky Comfort, Mo. R#</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Schrilda</u> b. (Middle) <u>Stevens</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>4 24 50</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug 1859</u>
9. AGE (In years last birthday) <u>90</u>		10. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Tenn.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>William Biggs</u>		13b. MOTHER'S MAIDEN NAME <u>Not known</u>	14. NAME OF HUSBAND OR WIFE <u>Lewis Stevens (Deceased)</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wayne Biggs</u> ADDRESS <u>Rocky Comfort, Mo. R#</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of hip</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (c) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>#500</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? <u>House sent. the</u>	
22. I hereby certify that I attended the deceased from <u>not for years</u> to <u>no physician</u> , 19____, that I last saw the deceased alive on <u>Several years ago</u> , and that death occurred at <u>9 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>R. C. Plummer M.D.</u>		23b. ADDRESS <u>Neosho Mo</u>	23c. DATE SIGNED <u>5-1-1950</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-26-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maness Cemetary</u>	24d. LOCATION (City, town, or county) (State) <u>Neosho, Mo. Rural</u>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>D. C. Plummer 178</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm Morris Pope Wheaton, Mo.</u>	

May 6, 1950

RECEIVED MAY 3 1950
District Health Office No. 6,
District File Number 550-527
Date Filed 15-3-50

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

Wm Morris Poe

Licensed Embalmer No. 3442

P. O. Address Wheaton 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.