

FILED FEB 14 1951

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

2105

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>3053</u>		Registrar's No. <u>14</u>	
1. PLACE OF DEATH a. COUNTY <u> Phelps </u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u> Missouri </u> b. COUNTY <u> Crawford </u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u> Rolla, Mo. </u>		c. LENGTH OF STAY (in this place) <u> 7 </u> days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u> Cuba </u>		<u> 0280 </u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u> McFarland Nursing Home </u>				d. STREET ADDRESS (If rural, give location) <u> / </u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u> Tillie </u> b. (Middle) _____ c. (Last) <u> Stevenson </u>			4. DATE OF DEATH (Month) (Day) (Year) <u> Jan. 31 1951 </u>		5. SEX <u> F </u>		6. COLOR OR RACE <u> W </u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u> Widowed </u>		8. DATE OF BIRTH <u> 1889 </u>		9. AGE (in years last birthday) <u> 61 </u>		10. AGE (in years last birthday) If under 1 year: Months <u> 2 </u> Days <u> 5 </u> Hours <u> </u> Min. <u> </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		11. BIRTHPLACE (State or foreign country) <u> Missouri </u>		12. CITIZEN OF WHAT COUNTRY? <u> U.S.A. </u>	
13a. FATHER'S NAME <u> John Thormaehlen </u>		13b. MOTHER'S MAIDEN NAME <u> Ullrich </u>		14. NAME OF HUSBAND OR WIFE <u> John (Dee) </u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u> / </u>		16. SOCIAL SECURITY NO. <u> / </u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
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> Aortitis with aneurysm. </u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u> Neurosyphilis, Asymptomatic. </u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u> 1 year </u>  <u> 026X </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) (Min.)		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 <u> July </u> , 19 <u> 50 </u> , to <u> Jan. </u> , 19 <u> 51 </u> , that I last saw the deceased alive on <u> Jan 11 </u> , 19 <u> 51 </u> , and that death occurred at <u> 8 a. m. </u> , from the causes and on the date stated above.							
23a. SIGNATURE <u> J. H. Robey </u> (Name or title)				23b. ADDRESS <u> Steelville Mo </u>		23c. DATE SIGNED <u> 7/1/51 </u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u> Burial S11 </u>		24b. DATE <u> 2-7-51 </u>		24c. NAME OF CEMETERY OR CREMATORY <u> Kinder Park </u>		24d. LOCATION (City, town, or county) (State) <u> Cuba Mo. </u>	
DATE REC'D BY LOCAL REG. <u> 2-1-51 </u>		REGISTRAR'S SIGNATURE <u> Nadine L. Steele </u>		25. FUNERAL DIRECTOR'S SIGNATURE <u> Paul C. Shanks </u>		ADDRESS <u> Cuba Mo. </u>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 23 1951

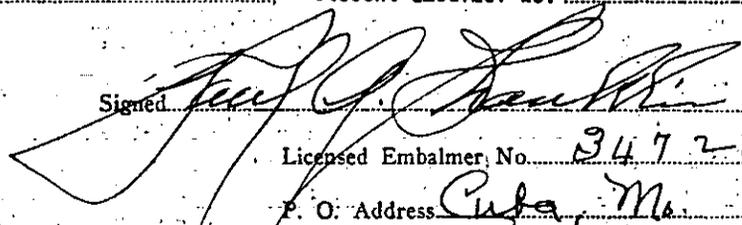
RECEIVED  
Phelps County Health Officer,  
County File Number \_\_\_\_\_  
Date Filed 3/10/51

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 \_\_\_\_\_

working under my personal supervision. \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

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

Signed   
Licensed Embalmer No. 3472  
P. O. Address Cuba, 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.