

FILED APR 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9027

BIRTH NO.		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 155	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. LENGTH OF STAY (in this place) 54 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		0490	
d. FULL NAME OF HOSPITAL OR INSTITUTION Freemans Hospital				d. STREET ADDRESS (If rural, give location) Rt. 4			
3. NAME OF DECEASED (Type or Print) a. (First) Ethel			b. (Middle) May		c. (Last) Stevens		4. DATE OF DEATH (Month) (Day) (Year) March 25, 1951
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 2, 1897	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Webb City, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Cecil Hunt			13b. MOTHER'S MAIDEN NAME Ida Povers		14. NAME OF HUSBAND OR WIFE Edd M. B. Stevens		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edd M. B. Stevens Rt. 4 Joplin Mo		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy						INTERVAL BETWEEN ONSET AND DEATH 1 day	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. - It means the disease, injury, or complication which caused death.							
II. OTHER SIGNIFICANT CONDITIONS** Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: None				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No.		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 March 24, 1951, to March 25, 1951, that I last saw the deceased alive on March 24, 1951, and that death occurred at 1A. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R. D. Phelps M.D.				23b. ADDRESS Frisco Bldg, Joplin Mo.		23c. DATE SIGNED 3/27/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-28-51		24c. NAME OF CEMETERY OR CREMATORY Canterville Cemetery		24d. LOCATION (City, town, or county) (State) Canterville, Mo.	
DATE REC'D BY LOCAL REG. 3-29-51		REGISTRAR'S SIGNATURE E. J. Salinas		FUNERAL DIRECTOR'S SIGNATURE Steve Parker		ADDRESS Mortuary, Joplin, Mo.	

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

RECEIVED 4-2-51
Jasper County Health Office

County File Number 51/3/277

Date Filed 4-2-51

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *F. M. Jones*

Licensed Embalmer No. 2319

P. O. Address *Poplar Ave*

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.