

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11360

1080

BIRTH NO. _____ REG. DIST. NO. 358 PRIMARY REG. DIST. NO. 4523 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Schell City</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Schell City</u> 1080	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sherman</u> b. (Middle) _____ c. (Last) <u>Stevens</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 3 1951</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> 1	8. DATE OF BIRTH <u>Dec. 12, 1865</u>
9. AGE (In years last birthday) <u>85 yrs</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>
11. BIRTHPLACE (State or foreign country) <u>appanoose Co. / Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>William Stevens</u>		13b. MOTHER'S MAIDEN NAME <u>Melissa Wright</u>	
14. NAME OF HUSBAND OR WIFE <u>Martha Alice Stevens</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>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Martha Stevens</u>		ADDRESS <u>Schell City, Mo.</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>uremia</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Chronic Nephritis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>2-27-51</u>		592 X	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOME-SIDE (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? _____			
22. I hereby certify that I attended the deceased from <u>Feb 23</u> , 1951, to <u>March 3</u> , 1951, that I last saw the deceased alive on <u>March 3</u> , 1951, and that death occurred at <u>11-P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. V. Gray M.D.</u> (Degree or title)		23b. ADDRESS <u>Schell City, Mo.</u>	
23c. DATE SIGNED <u>3-5-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>March 5, 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn</u>		24d. LOCATION (City, town, or county) (State) <u>Schell City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>March 5-1951</u>		REGISTRAR'S SIGNATURE <u>Mrs Sarah E. Gray</u> 329	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Lewis & Son</u>		ADDRESS <u>Schell City, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED MAR 12 1951

Dist. File 337-528

Date Filed 3-12-51

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.

Signed Marion M. Lewis
Licensed Embalmer No. 3084

Signed.....
Student Embalmer

P. O. Address Schell City, 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.