

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29774

29774

BIRTH NO. _____		REG. DIST. NO. 70		PRIMARY REG. DIST. NO. 5281		Registrar's No. 47			
1. PLACE OF DEATH a. COUNTY Clark				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clark					
b. CITY OR TOWN Rural Madison Ind.		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN Rural Madison Ind.		0. 050			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) Madison Township					
3. NAME OF DECEASED (Type or Print) a. (First) Hagen			b. (Middle) W.		c. (Last) Stevens		4. DATE OF DEATH (Month) (Day) (Year) 9-30-51		
5. SEX Male		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH 06-19-1875			
9. AGE (in years last birthday) 76		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Vernon Co. Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME Drew Stevens			13b. MOTHER'S MAIDEN NAME Sarah Hume			14. NAME OF HUSBAND OR WIFE never married			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Leon Smith Kahoka Mo.		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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Degeneration  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Hypertrophied Prostate.  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		6/OK			
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 for 3 years 19 _____ to _____, 19 _____, that I last saw the deceased alive on Sept 29, 1951, and that death occurred at Sept 30, 1951, from the causes and on the date stated above.									
23a. SIGNATURE J.M. Riggs M.D.				23b. ADDRESS Kahoka Mo.		23c. DATE SIGNED Oct 7, 1951			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-2-51		24c. NAME OF CEMETERY OR CREMATORY Kahoka Co. Mo.		24d. LOCATION (City, town, or county) (State) Kahoka Clark Mo.			
DATE REC'D BY LOCAL REG. 10/6-51		REGISTRAR'S SIGNATURE J.M. Riggs		61		25. FUNERAL DIRECTOR'S SIGNATURE Fred Karle ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: OCT 10 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 10-57-1813  
Date Filed: OCT 10 1951

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.....

Signed Fred J. Karle

Signed.....  
Student Embalmer

Licensed Embalmer No. 1023

P. O. Address Kahoka 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.