

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7966

APR 15 1952

1380
4

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

BIRTH NO.		REG. DIST. NO. 120		PRIMARY REG. DIST. NO. 4184		Registrar's No. 28		
1. PLACE OF DEATH Gentry a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri COUNTY Gentry				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Albany		c. LENGTH OF STAY (In this place) 16 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Albany, Mo.		03811		
d. FULL NAME OF HOSPITAL OR INSTITUTION Fays Nursing Home				d. STREET ADDRESS (If rural, give location) N. Benton St.				
3. NAME OF DECEASED Mrs. (First) Addie			b. (Middle) Stevens		4. DATE OF DEATH (Month) (Day) (Year) Apr. 1st 1952			
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH NOV. 17 1878		9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Gentry, County, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.			
13a. FATHER'S NAME Wm. P. Childers		13b. MOTHER'S MAIDEN NAME Elizabeth Fitchou		14. NAME OF HUSBAND OR WIFE Augustus 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. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. A. J. Woollen					ADDRESS Stanberry Mo.
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis 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 1 day 1 yr	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				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)				
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?				
22. I hereby certify that I attended the deceased from Feb. 16, 1952, to Mar. 31, 1952, that I last saw the deceased alive on Mar. 31, 1952, and that death occurred at 5:15 pm from the causes and on the date stated above.								
23a. SIGNATURE C. J. Pray, D.O.				23b. ADDRESS Albany, Mo.		23c. DATE SIGNED 4-3-52		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 4/3/52	24c. NAME OF CEMETERY OR CREMATORY High Ridge		24d. LOCATION (City, town, or county) (State) Stanberry, Mo.			
DATE REC'D BY LOCAL REG. April 7-52		REGISTRAR'S SIGNATURE Maudie Williams		25. FUNERAL DIRECTOR'S SIGNATURE L. H. Phillips		ADDRESS Stanberry, Mo.		

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Dr. C. J. Gray

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 *Walter A. Phillips*

Licensed Embalmer No. *1898*

P. O. Address *Starkley, Md*

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.