

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43571**

No. 300
10.48

0600
0

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

FILED DEC 18 1953		REG. DIST. NO. <u>195</u>	PRIMARY REG. DIST. NO. <u>4308</u>	Registrar's No. <u>96</u>
1. PLACE OF DEATH a. COUNTY <u>McDonald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Noel</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Noel</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fountain Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>City</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rubye</u> b. (Middle) <u>M. (Moore)</u> c. (Last) <u>STEVENS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-17-53</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOW, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>April 21, 1913</u>	9. AGE (In years last birthday) <u>40</u> Months <u>6</u> Days <u>26</u> Hours <u></u> Min. <u></u>
10a. U.S. OCCUPATION (Specify or write most of working life) Secretary		10b. KIND OF BUSINESS OR INDUSTRY <u>Oil Business Warner Okla.</u>		11. BIRTHPLACE (State or foreign country) <u>U.S.</u>
13a. FATHER'S NAME <u>A. R. MOORE</u>		13b. MOTHER'S MAIDEN NAME <u>Sue Roberts</u>		14. NAME OF HUSBAND OR WIFE <u>Sam Stevens</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>No</u> (If yes, give dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lusie K. Line</u> ADDRESS <u>(Noel 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>Broncho-pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>destruction of lung tissue</u> DUE TO (c) <u>overwhelming infection</u> 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>3 days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>491x</u>		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) 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 <u>Nov. 14, 1953</u> , to <u>Nov 17, 1953</u> , that I last saw the deceased alive on <u>Nov 17, 1953</u> , and that death occurred at <u>3:05 PM</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>Noel Mo.</u>		23c. DATE SIGNED <u>12-2-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-19-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Noel Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Noel Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Noel</u>		
DATE REC'D BY LOCAL REG. <u>12-3-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>423-1</u>		

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 A. M. Humphrey Jr.

Licensed Embalmer No. 4708

P. O. Address Noel 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.