

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032197  
STATE FILE NUMBER

AMENDED

Registration District No. 70 Primary Registration District No. \_\_\_\_\_ Registrar's No. 449

**FILED SEP 26 1961**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>CLARK</u>		a. STATE <u>Mo.</u> b. COUNTY <u>CLARK</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HAHOKA</u>		c. CITY OR TOWN <u>HAHOKA</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>859 S. WASHINGTON</u>		d. STREET ADDRESS (If outside, give location) <u>254 W. EXCHANGE</u>	
3. NAME OF DECEASED			4. DATE OF DEATH
First Middle Last <u>ELLA CONORA STEVENSON</u>			Month Day Year <u>SEPT. 10, 1961</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-17-1881</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (last birthday) <u>79</u>
11. BIRTHPLACE (City and state or country) <u>HAHOKA, MO.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>CHARLES MARTIN</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET LUBER</u>	
14. NAME OF HUSBAND OR WIFE <u>JOE STEVENSON</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>UNKNOWN</u>		17. INFORMANT <u>MR. ORLO MARTIN, HAHOKA, MO.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Uremia</u>			<u>2 weeks</u>
DUE TO (b) <u>Kidney Stones</u>			<u>Aug-9-10th</u>
DUE TO (c) <u>Right Hemiplegia</u>			<u>5 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Carcinoma of Colon</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>1928</u> to <u>death</u> and last saw her/him alive on <u>Sept 9th</u> Death occurred at <u>6:15 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Grace L. Gray</u> (Degree or title)		22b. ADDRESS <u>HAHOKA, MO.</u>	22c. DATE SIGNED <u>9-12-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>SEPT-12-1961</u>	23c. NAME OF CEMETERY OR CREMATOR <u>HAHOKA CITY CEMETERY</u>	23d. LOCATION (City, town, or county) <u>HAHOKA, MO.</u>
24. FUNERAL DIRECTOR <u>D.I. Shultz</u> ADDRESS <u>HAHOKA, MO.</u>	25. DATE RECD. BY LOCAL REG. <u>9-25-61</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed *R. T. Sheffer*

Licensed Embalmer No. 5067

P. O. Address Hoboken, N.J.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.