

Registration District No. **78**

Primary Registration District No. **5649**

Registrar's No. **67**

**1. PLACE OF DEATH:**  
 (a) County **Lawrence**  
 (b) City or town **Rural - Pierce township**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**3 miles west of Pierce City!**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community **Entire life** years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Mo** (b) County **Lawrence** **55**  
 (c) City or town **Rural**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **3 mile west of Pierce City**  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **NANCY JANE STEPENSON**  
 3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**  
 4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**  
 6. (b) Name of husband or wife **Andrew S. Stepenson** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **March 12 1865**  
 (Month) (Day) (Year)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month **July** day **12** year **1948** hour **11** minute **25 A.M.**  
 21. I hereby certify that I attended the deceased from **June 12** 19**48** to **July 12** 19**48**  
 that I last saw her alive on **June 12** 19**48** and that death occurred on the date and hour stated above.  
 Immediate cause of death **Acute Coronary Decompensation** Duration **1 mo**

**8. AGE:** Years **83** Months **4** Days **0** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to **Arteriosclerotic heart disease** ?

9. Birthplace **Lawrence, Mo** (City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

10. Usual occupation **House wife**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_

Major findings: \_\_\_\_\_

12. Name **James W. Looney** 9  
 13. Birthplace **not known** **not known** (City, town, or county) (State or foreign country)

Of operations \_\_\_\_\_

14. Maiden name **Elybeth Grumbel**  
 15. Birthplace **Lawrence, Mo** (City, town, or county) (State or foreign country)

Of autopsy **9 2 8**

16. (a) Informant **Mag. Olive Ferguson**  
 (b) Address **No. 7 Mo**

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_

17. (a) **Rural** (b) Date thereof **9-13-48** (City, town, or county) (Month) (Day) (Year)  
 (c) Place: burial or cremation **City Center, Pierce City**

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director **Walter Brown**  
 (b) Address **Pierce City, Mo**

While at work? \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury \_\_\_\_\_

19. (a) **8-7-48** (b) **W. O. Mc Natt** (Date received local registrar) (Registrar's signature)

23. Signature **A. L. Edwards** (M. D. or other) **MO**  
 Address **Pierce City, Mo** Date signed **July 14 1948**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 8-48-959

Date Filed AUG 18 1948

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~~.....

Edwin P. Wilke

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Edwin P. Wilke

..... Licensed Embalmer No.....

H131

P. O. Address.....

Pence City

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.