

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33418**
 BIRTH NO. 21780-49 REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4165 Registrar's No. 103

1. PLACE OF DEATH a. COUNTY Daviess			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Daviess		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gallatin			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gallatin		
c. LENGTH OF STAY (in this place) Life			d. STREET ADDRESS (If rural, give location) ---		
d. FULL NAME OF HOSPITAL OR INSTITUTION Adams Nursing Home (Hours)					

3. NAME OF DECEASED (Type or Print)	a. (First) Anthony	b. (Middle) Don	c. (Last) Stephens	4. DATE OF DEATH (Month) (Day) (Year)
				Oct. 20 1949

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH April 2 1949	9. AGE (In years Last birthday) 6	IF UNDER 1 YEAR Months 18	IF UNDER 24 Hrs. Hours 18	IF UNDER 1 Min. 18
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (State or foreign country) Gallatin, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Louise Stephens	14. NAME OF HUSBAND OR WIFE ---
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) ---	17. INFORMANT'S SIGNATURE OR NAME Louise Stephens, Gallatin, Mo.	ADDRESS ---
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Labor Pneumonia		2 X hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) with Meningeal and DUE TO (c) Peritoneal Involvement		12 hrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			H9DX

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) Gallatin, Daviess Mo.
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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?
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22. I hereby certify that I attended the deceased from 10-19, 1949, to 10-20, 1949, that I last saw the deceased alive on 10-19, 1949, and that death occurred at 2:30A m., from the causes and on the date stated above.

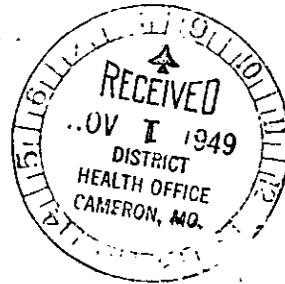
23a. SIGNATURE (Degree or title) Lloyd E. Nelson M.D.	23b. ADDRESS Gallatin Mo.	23c. DATE SIGNED 10-20-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-21-1949	24c. NAME OF CEMETERY OR CREMATORY Brown Cemetery	24d. LOCATION (City, town, or county) (State) Gallatin, Mo.
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DATE REC'D BY LOCAL REG. 21 Oct. 1949	REGISTRAR'S SIGNATURE Vigman, M. Englehart	25. FUNERAL DIRECTOR'S SIGNATURE Hope Funeral Home	ADDRESS Gallatin, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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



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

L. O. Richesson
Licensed Embalmer No. 3307

P. O. Address Gallatin, 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.