

No. 300
10-48

FILED APR 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12339

210
1

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

BIRTH NO. _____		REG. DIST. NO. <u>64</u>		PRIMARY REG. DIST. NO. <u>4110</u>		Registrar's No. <u>30</u>	
1. PLACE OF DEATH a. COUNTY <u>Chariton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salisbury</u>		c. LENGTH OF STAY (in this place) <u>5 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salisbury 0210</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South Broadway</u>				d. STREET ADDRESS (If rural, give location) <u>South Broadway</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rose</u> b. (Middle) <u>May</u> c. (Last) <u>Stephenson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 20 1952</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 13 - 1872</u>		9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>7</u>	IF UNDER 24 HRS. Hours _____ Min. _____
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 <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Linneus Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>William Worth Kesley</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Jane Busbee</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas S Stephenson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME (Address) <u>Thomas S Stephenson Salisbury</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS- Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio Sclerosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</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)		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>4-20</u> , 19 <u>52</u> to <u>4-20</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>4-20</u> , 19 <u>52</u> , and that death occurred at <u>6:10 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. H. ... MD</u>				23b. ADDRESS <u>Salisbury Mo</u>		23c. DATE SIGNED <u>4-22-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>4-22-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>J.O.O.F Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Linneus Mo</u>		
DATE REC'D BY LOCAL REG. <u>4/22/52</u>		REGISTRAR'S SIGNATURE <u>W. H. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. B. W. ...</u>		ADDRESS <u>Salisbury, Mo.</u>	

APR 29 1967

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 Chas B Winkelmeyer

Licensed Embalmer No. 3842

P. O. Address Salisbury, 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.