

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

508

State File No.

FILED JAN 19 1954

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 301 Registrar's No. 140

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY OR TOWN <u>Carrollton</u>		c. CITY OR TOWN <u>Carrollton</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>017^o</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>808 N. Jefferson</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edith</u> b. (Middle) <u>Rudsey</u> c. (Last) <u>Stephenson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 10, 1954</u>		
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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>April 8, 1868</u>	9. AGE (In years last births) <u>86</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 MIN. Hours _____ Min. _____
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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>at home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Carrollton, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Francis F. Rudsey</u>	13b. MOTHER'S MAIDEN NAME <u>Warrett Sullivan</u>	14. NAME OF HUSBAND OR WIFE <u>John F. Stephenson</u>
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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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John F. Stephenson</u> ADDRESS <u>Carrollton Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> <u>10 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis, generalizd</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>332 X</u>	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 Sept 1 - 1950, to Jan 10, 1954, that I last saw the deceased alive on Jan 10, 1954, and that death occurred at 10:30 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Ann H. Platy</u> (Degree or title) <u>M.S.</u>	23b. ADDRESS <u>Carrollton, Mo.</u>	23c. DATE SIGNED <u>2-12-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 13, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-13-54</u>	REGISTRAR'S SIGNATURE <u>Mr. Herbert Calvin Standley</u>	FUNERAL DIRECTOR'S SIGNATURE <u>W. Gibson</u> ADDRESS <u>Carrollton Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 24 1957

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 *Ben W Gibson*.....

Licensed Embalmer No. *2961*.....

P. O. Address *Carroll*.....

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.