

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**10995**

State File No. ....

**FILED APR 14 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 34

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Lebanon</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sleeper</u>	
c. LENGTH OF STAY (in this place) <u>3-8-54</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp # 3</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>PHYPHENIA</u> b. (Middle) <u>L</u> c. (Last) <u>Stockton</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>March 28-1954</u>		
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<b>5. SEX</b> <u>F</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>Nov-4-1867</u>	<b>9. AGE</b> (In years) (Months) (Days) (Hours) (Min.) <u>86 4 24</u>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____	<b>11. BIRTHPLACE</b> (State or foreign country) <u>N. Y.</u>	<b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>
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<b>13a. FATHER'S NAME</b> <u>Levy</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Levy</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Levy</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> _____	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Hospital Records</u>	<b>ADDRESS</b> <u>2200</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH</b> (a) <u>Septic</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>3 wks</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Arteriosclerosis</u>			<u>4 wks</u>
	DUE TO (c) <u>Psychosis</u>			<u>3 wks</u>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.				

<b>19a. DATE OF OPERATION</b> _____	<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED WHILE AT WORK</b> ( ) NOT WHILE AT WORK ( )	<b>21f. HOW DID INJURY OCCUR?</b> _____
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**22. I hereby certify that I attended the deceased from** July 24 1950, to March 28 1954, that I last saw the deceased alive on March 28 1954, and that death occurred at 7:30 p. m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>W. D. Stewart M.D.</u>	<b>23b. ADDRESS</b> <u>Meranda Mo.</u>	<b>23c. DATE SIGNED</b> <u>3/28/54</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u>	<b>24b. DATE</b> <u>8-29-54</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Lebanon Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Lebanon Mo.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>4-5-1954</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Anna E. Perry</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>451</u>	<b>ADDRESS</b> <u>Holman Funeral Home Lebanon, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48  
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**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 Henry F. Milster

Licensed Embalmer No. 4806

P. O. Address Nevada, 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.