

FILED APR 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11745

BIRTH NO. _____ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 4231 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, write RURAL and give name of town) <u>Mountain View Mo</u>		c. LENGTH OF STAY (in this place) <u>12 yrs</u>	c. CITY (If rural, give location) <u>Mountain View Mo</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rena</u> b. (Middle) <u>Ann</u> c. (Last) <u>Stebb</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 31-1955</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 4-1862</u>
9. AGE (In years last birthday) <u>92</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kentucky</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Henry Mitchell</u>	
13b. MOTHER'S MAIDEN NAME <u>Net Stebb</u>		14. NAME OF HUSBAND OR WIFE <u>H.R. Stebb</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lela Stebb</u> ADDRESS <u>Mountain View Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	<u>4201</u>
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?	
22. I hereby certify that I attended the deceased from <u>March 1950</u> to <u>Mar 31, 1955</u> , that I last saw the deceased alive on <u>Mar 31, 1955</u> , and that death occurred at <u>9:42 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Stanhil Barrin D.O.</u>		23b. ADDRESS <u>Mountain View</u>	23c. DATE SIGNED <u>Apr 8, 1955</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>4/4-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Zion Leland</u>	24d. LOCATION (City, town, or county) (State) <u>Mountain View Mo.</u>
DATE REC'D BY LOCAL REG <u>4/14/55</u>	REGISTRAR'S SIGNATURE <u>Laura Mitchell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Adrian Funeral Home</u> ADDRESS <u>Mountain View Mo.</u>	

(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.....
Signature of Student Embalmer

Signed *John F. Brennan*

Licensed Embalmer No. *251*

P. O. Address *W. W. Keen*

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.