

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 1 1955

State File No. **16171**

BIRTH NO.		REG. DIST. NO. <b>244</b>		PRIMARY REG. DIST. NO. <b>5887</b>		Registrar's No. <b>8</b>	
1. PLACE OF DEATH a. COUNTY <b>Ozark</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Ozark</b>			
b. CITY OR TOWN <b>Udall, rural Bayou</b>		c. LENGTH OF STAY (in this place) <b>1 1/2 months</b>		c. CITY OR TOWN <b>Udall</b>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <b>rural - Bayou Twp. 0770</b>			
3. NAME OF DECEASED a. (First) <b>Hubert</b>			b. (Middle) <b>Bantbet</b>		c. (Last) <b>STEDMAN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>5-22-55</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>8-3-1884</b>		9. AGE (In years last birthday) <b>70</b>	10. UNDER 1 YEAR Months	10. UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Factory</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Pickwick, Minn.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Eli Stedman</b>			13b. MOTHER'S MAIDEN NAME <b>Sarah Jane Hayes</b>		14. NAME OF HUSBAND OR WIFE <b>Frances Stedman</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>477-07-8564</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Frances Stedman, Udall, Mo.</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
				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 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) (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 <b>5/21/55</b> , 19___, to <b>5/22/55</b> , 19___, that I last saw the deceased alive on <b>5/21/55</b> , 19___, and that death occurred at <b>12:30 PM</b> from the causes and on the date stated above.							
23a. SIGNATURE <b>M. J. Haerman</b> (Degree or title) <b>DO 2</b>				23b. ADDRESS <b>Gainesville, Mo.</b>		23c. DATE SIGNED <b>5/24/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>5-25-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Udall</b>		24d. LOCATION (City, town, or county) (State) <b>Bayou Twp. Mo.</b>		
DATE REC'D BY LOCAL REG. <b>5/28/55</b>		REGISTRAR'S SIGNATURE <b>Shana Mahan</b> 461-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Clinton Beard, Gainesville, Mo.</b>			

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

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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.....  
Signature of Student Embalmer

Signed *J. M. P. Gray* .....

Licensed Embalmer No. *4885* .....

P. O. Address *Hamersville* .....

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.