

FILED JAN 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40373

BIRTH NO. _____ REG. DIST. NO. 143 PRIMARY REG. DIST. NO. 4232 Registrar's No. 41

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 township) OR TOWN <u>Willow Springs, Mo.</u>		c. CITY OR TOWN <u>Willow Springs</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (If this place) <u>3 days</u>		e. STREET ADDRESS (If rural, give location) <u>0400</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>FANNY</u>	b. (Middle) <u>HELD</u>	c. (Last) <u>STEPHENS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 30, 1955</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>Widowed</u>	8. DATE OF BIRTH <u>Oct. 19, 1875</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>11</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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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>home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Jacob Held</u>	13b. MOTHER'S MAIDEN NAME <u>Bertha Held</u>	14. NAME OF HUSBAND OR WIFE <u>Henry S. Stephens</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 none</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Walter Hoag Kansas City, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 DAYS</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HEMORRHAGE CEREBRAL</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>331X</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) m.	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 1953 1910 to 12/30, 1955, that I last saw the deceased alive on 12/30, 1955, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. M. B. Perkins</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Willow Springs, Mo.</u>	23c. DATE SIGNED <u>12/31/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1/1/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rogers Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Randolph, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>1/7/56</u>	REGISTRAR'S SIGNATURE <u>Maddie Ballard</u> 387	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Burns Willow Springs, Mo.</u>
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(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

Fred W. Barnes
Signed Fred W. Barnes.....

Licensed Embalmer No. 4614..

P. O. Address Willow Springs

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.