

FILED SEP 28 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32892

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 6183 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Milan Rural</u>		c. CITY OR TOWN <u>Milan</u>	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pleasant Hill Twp</u>		• STREET ADDRESS (If rural, give location) <u>10500</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edna</u> b. (Middle) <u>Iona</u> c. (Last) <u>Stephenson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>0 1 56</u>	
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>12-24-1903</u>
9. AGE (To years last birthday) <u>52</u>		9. AGE (To years last birthday) Months <u>8</u> Days <u>7</u> Hours <u>   </u> Min. <u>   </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Near Milan, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S</u>	

13a. FATHER'S NAME <u>Victor Jones</u>	13b. MOTHER'S MAIDEN NAME <u>Maude Brinkley</u>	14. NAME OF HUSBAND OR WIFE <u>J. Floyd Stephenson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>J. Floyd Stephenson - Mil</u>
		ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sudden death</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>non-violence</u>		
	DUE TO (c) <u>unknown cause</u>		
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>7954</u>	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 12:05p., from the causes and on the date stated above.

23a. SIGNATURE <u>Mrs. M. W. Beckett - Registrar</u>		(Degree or title)		23b. ADDRESS	23c. DATE SIGNED <u>9-26-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>9/4/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Milan, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-26-56</u>	REGISTRAR'S SIGNATURE <u>Mrs. M. W. Beckett</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Schpenis</u>		ADDRESS <u>Schoene Milan</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 *Dwight Schaene*.....

Licensed Embalmer No. *266*.....

P. O. Address *Milam*.....

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.