

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

38664

State File No. _____

FILED DEC 3 1956

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) --a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Bedford Twp.)</u>		c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>18 Hrs</u>		e. STREET ADDRESS (If rural, give location) <u>5830 Enright</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lincoln County Memorial Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lola</u> b. (Middle) <u>Phyrne</u> c. (Last) <u>Stephan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 23, 1956</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Mar. 31, 1902.</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Emp. Office</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Oceola, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Ralph Emerson</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Henry Stephan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>490-24-0223</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS. <u>Wendell Stephan, 5830 Enright St Lo</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Basal Skull Fracture, Ruptured Spleen,</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <u>Broken Back, & Multipule other injuries.</u>		
	DUE TO (b) <u>Automobile accident,</u>		
DUE TO (c) <u>(Coroner's Jury Verdict)</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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>ST CHARLES, MO.</u> (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>Nov. 22 1956 8 AM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>SIDESWIPED AUTO COLLISION IN PASSING ON CUTVE.</u>

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 2:21A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph J. Marsh</u> (Degree or title) <u>CORONER</u>		23b. ADDRESS <u>351 Monroe St. Troy, Mo.</u>	23c. DATE SIGNED <u>11/30/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11/23/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wellington Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Wellington, Missouri.</u>

DATE REC'D BY LOCAL REG. <u>Dec 1-1956</u>	REGISTRAR'S SIGNATURE <u>Emma B. Ruldee</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Sheppard Funeral Home Wellington, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

62
0

1931
DEC 4

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, ~~by~~....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Joseph J. Mass

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri

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.