FILED NOV 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39143
STATE FILE NUMBER

Registration District No. 311 Primary Registration District No. 4456 Registrar's No. 37

1. PLACE OF DEATH
a. COUNTY St Clair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Appleton City — Inside Limits Yes ☐ No ☑
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Ellett M. Hosp — Length of stay in 1b 72 yo.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY St. Clair
c. CITY OR TOWN Appleton City — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 2 Mi. S 6 M. E — Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First Sarah Middle Last Stephan
4. DATE OF DEATH Month Nov Day 17 Year 56
5. SEX F
6. COLOR OR RACE W
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 25-Mar. 1883
9. AGE (In years last birthday) 73 — IF UNDER 1 YEAR Months 7 Days 22 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Buffalo N. Y.
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME Mike Stephan
14. MOTHER'S MAIDEN NAME Lena Pfenig
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. No.
17. INFORMANT Leo Stephan Address Appleton City Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 331X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 15 Nov 56, to 17 Nov 56 and last saw her/him alive on 17 Nov 56
Death occurred at 4:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. Ellett Mo.
22b. ADDRESS Appleton City Mo.
22c. DATE SIGNED 19 Nov 56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Nov-20-56
23c. NAME OF CEMETERY OR CREMATORY Westfield.
23d. LOCATION (City, town, or county) (State) St. Clair Co., Mo.

24. FUNERAL DIRECTOR Oscar Eckhoff ADDRESS Appleton City Mo.
25. DATE RECD. BY LOCAL REG. Nov. 19, 1956
26. REGISTRAR'S SIGNATURE Cleo Abney

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Oscar Eckhoff

Licensed Embalmer No. 39

P. O. Address Appleton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.