

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

166

State File No. ....

FILED FEB 14 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 16 PRIMARY REG. DIST. NO. 5075 Registrar's No. 2

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

1. PLACE OF DEATH a. COUNTY <u>Barton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dade</u>			
b. CITY (If outside corporate limits, write RURAL and give townshp.) <u>Rural-Golden City Twp.</u>		c. LENGTH OF STAY on this place <u>2 1/2 mo.</u>		c. CITY OR TOWN <u>Greenfield</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>0990</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>2 mi W-2 mi N. of Golden City</u>				STREET ADDRESS (If rural, give location) <u>E. Water ST.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>El Nora</u>		b. (Middle) _____		c. (Last) <u>Stephens</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 4-1957</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. <del>MARRIED</del> <u>NEVER MARRIED</u> , <u>WIDOWED</u> , <u>DIVORCED</u> (Specify)		8. DATE OF BIRTH <u>March 22-1868</u>	
9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
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>House Keeping</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Dade Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Alexander Pyle</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Wilkins</u>		14. NAME OF HUSBAND OR WIFE <u>Robert Stephens</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Willard Stephens, Golden City, Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>chronic myocarditis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Arteriosclerosis hypertension</u>  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.				INTERVAL BETWEEN ONSET AND DEATH <u>6 years</u>  <u>6 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>443x</u>				20. AUTOPSY? <u>g</u> 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) _____ m.		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 <u>Jan 24</u> , 1957, to <u>Febr 4</u> , 1957, that I last saw the deceased alive on <u>Febr. 4, 1957</u> , and that death occurred at <u>7:45P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Rudolf Krupp. M.D.</u>				23b. ADDRESS <u>Golden City, Mo</u>		23c. DATE SIGNED <u>2/5/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 7-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Dade Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 7-1957</u>		REGISTRAR'S SIGNATURE <u>Hazel W. Pugh</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Canada Funeral Home, Greenfield</u>			

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. C. Canada*

Licensed Embalmer No. *4196*

P. O. Address, *Greenfield,*

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.