

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57022005  
STATE FILE NUMBER

FILED JUL 8 1957

Registration District No. 251 Primary Registration District No. 9048 Registrar's No. 164

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|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Nodaway</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo</b> b. COUNTY <b>Nodaway</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Maryville</b>                     |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN <b>Maryville</b><br>0147<br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                         |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St Francis Hospital</b> |  | Length of stay in lb <b>1 year</b>   | d. STREET ADDRESS (If outside, give location) <b>215 W 3 rd</b><br>Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

|  |                               |  |   |   |  |
|--|-------------------------------|--|---|---|--|
| 3. NAME OF DECEASED (Type or print)<br><b>Minnie D Stephenson (Stinson)</b>                                  |                               |  | 4. DATE OF DEATH<br>Month <b>6</b> Day <b>22</b> Year <b>1957</b> |   |  |
| 5. SEX <b>female</b>   | 6. COLOR OR RACE <b>white</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>12-3-1864</b>                              | 9. AGE (In years last birthday) <b>92</b> | IF UNDER 1 YEAR IF UNDER 24 HRS.<br>Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housework</b> |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>  | 11. BIRTHPLACE (City and state or country) <b>Maryville Mo</b>    |   | 12. CITIZEN OF WHAT COUNTRY? <b>usa</b>  |

|   |  |   |  |
|---|--|---|--|
| 13. FATHER'S NAME<br><b>A. T. Stephenson</b>  |  | 14. MOTHER'S MAIDEN NAME<br><b>Ellen Wilcox</b> |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b> |  | 16. SOCIAL SECURITY NO. <b>unknown</b>          | 17. INFORMANT <b>Tom Stinson Maryville, Mo.</b><br>Address |

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|--|------------------|---|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Arteriosclerotic heart disease</b> |                  | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 year.</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b) _____ | <b>420.0</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)<br><b>-</b>                           |                  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

|   |   |                          |
|---|---|--------------------------|
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)      |                          |
| 20c. TIME OF INJURY<br>Hour _____<br>a. m. _____<br>p. m. _____   | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |                          |
| 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 **4-13-56** to **6-22-57** and last saw her alive on **6-22-57**.  
Death occurred at **9 10:30 A** m on the date stated above; and to the best of my knowledge, from the causes stated.

|  |                                      |  |
|--|--------------------------------------|--|
| 22a. SIGNATURE (Degree or title)<br><b>R. C. Dunshee M. D.</b> | 22b. ADDRESS<br><b>Maryville Mo.</b> | 22c. DATE SIGNED<br><b>June 26, 57</b>                   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b>     | 23b. DATE<br><b>6/25/1957</b>        | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Miriam Cem.</b> |
| 23d. LOCATION (City, town, or county)<br><b>Maryville, Mo.</b> |                                      | (State) _____  |

|   |                             |   |   |
|---|-----------------------------|---|---|
| 24. FUNERAL DIRECTOR<br><b>W. O. Stephenson</b> | ADDRESS<br><b>Maryville</b> | 25. DATE RECD. BY LOCAL REG.<br><b>7-6-57</b> | 26. REGISTRAR'S SIGNATURE<br><b>Bess Holt</b> |
|---|-----------------------------|---|---|

(Licensed Embalmer's Placement on Reverse Side)

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56

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ex-  
posed by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*G. M. Atcherson*

Licensed Embalmer No. *2*

P. O. Address *Marquillo*

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.