

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 27 1957

57-022222
STATE REG. NUMBER

Registration District No. 299 Primary Registration District No. 6028 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Reynolds</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Reynolds</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lesterville</u>		Inside Limits Yes# No□		c. CITY OR TOWN <u>Lesterville</u>		Inside Limits Yes# No□		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in lb <u>life</u>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes□ No□#	
3. NAME OF DECEASED (Type or print) First <u>MARY</u> Middle <u>FLOY</u> Last <u>STEPHENSON</u>				4. DATE OF DEATH Month <u>May</u> Day <u>27</u> Year <u>1957</u>				
5. SEX <u>fem</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov. 30 1877</u>		9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>27</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 <u>own home</u>		11. BIRTHPLACE (City and state or country) <u>Reynolds Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Samuel Irvin</u>				14. MOTHER'S MAIDEN NAME <u>Mary Rice</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>no</u>		17. INFORMANT <u>Roy Irvin, 702 W. Main Festus Mo.</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) <u></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u> <u>40 yrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? 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.) <u>331x</u>					
20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>								
20d. INJURY OCCURRED WHILE AT WORK <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 <u>1937</u> to <u>5-27-57</u> and last saw her <u>alive</u> on <u>5-27-57</u> . Death occurred at <u>2:4</u> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (If not in ink) <u>Thomas H. Gray</u>				22b. ADDRESS <u>Ironton Mo.</u>		22c. DATE SIGNED <u>5-31-57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>5-31-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Lesterville Mo.</u>			
24. FUNERAL DIRECTOR <u>White Funeral Home, Ironton Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>6-6-57</u>		26. REGISTRAR'S SIGNATURE <u>C.M. Fitzpatrick</u>		

Annel Y. White Licensed Embalmer's Statement on Reverse Side

J. B.

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.

Received 6-26-57

Reynolds County Health Ce

File No. 657 - 16

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 *Aurely White*.....

Licensed Embalmer No. *501*

P. O. Address *Irton*

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.