

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 15 1957

57-22266
STATE FILE NUMBER

Registration District No. 381 Primary Registration District No. 6182 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Milan</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Milan</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pleasant Hill Twp</u>		Length of stay in 1b	d. STREET ADDRESS <u>1/2 Pleasant Hill Twp</u> (If outside, give location) <u>Mo</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <u>Rebecca Z. Stephenson</u> First Middle Last			4. DATE OF DEATH Month <u>7</u> Day <u>2</u> Year <u>1957</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>12-11-1874</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR: Months <u>8</u> Days <u>2</u> IF UNDER 24 HRS: Hours <u>21</u> Min.	
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	11. BIRTHPLACE (City and state or country) <u>Sullivan Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13. FATHER'S NAME <u>Jake Myers</u>			14. MOTHER'S MAIDEN NAME <u>Malinda Smith</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)		16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT <u>Floyd Stephenson</u> Address <u>Milan 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>Acute Cardiac Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>& decomposition - Chronic Myocarditis</u> DUE TO (c) _____ PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____					INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u>
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. TIME OF INJURY Hour _____ a. m. _____ p. m.		20c. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
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>July 1 1957</u> to <u>July 2 1957</u> and last saw <u>her</u> alive on <u>July 1 1957</u> . Death occurred at <u>30a</u> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>J. R. Maitor</u> (Degree or title) <u>M.D.</u>			22b. ADDRESS <u>Browning Mo</u>		22c. DATE SIGNED <u>7-8-1957</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7-4-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>White Oak Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Sullivan Co Mo</u>
24. FUNERAL DIRECTOR <u>Schweine's</u> ADDRESS <u>Milan Mo</u>		25. DATE RECD. BY LOCAL REG. <u>7-10-57</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. M. W. Beckett</u>	

(Licensed Embalmer's Statement on Reverse Side)

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
 250

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 *Dwight Schoerer*.....

Licensed Embalmer No. *26*

P. O. Address *Milan, W*

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.