

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048786

STATE FILE NUMBER

Registration District No. 233 Primary Registration District No. 4343 Registrar's No. 3

FILED JAN 7 1964

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>New Florence, Missouri</u>		c. CITY OR TOWN <u>Americus, Missouri</u>	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>Mary Ann Stephenson</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>31</u> Year <u>1963</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</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>10/2/1876</u>	9. AGE (last birthday) <u>87</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Readsville United State</u>	
13a. FATHER'S NAME <u>Richard Jordan</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah E. Allen</u>		14. NAME OF HUSBAND OR WIFE <u>William P. Stephenson</u>	
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.		
17. INFORMANT <u>Mrs. Barton Baker, Readsville, Mo.</u>			Address		

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Myocardial Degeneration with Decompensation</u>		<u>36 hrs.</u>
DUE TO (b) <u>Coronary Thrombosis</u>		<u>approx. 3 yrs.</u>
DUE TO (c) <u>Arteriosclerotic Heart Disease</u>		<u>20 yrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Generalized Arteriosclerosis, Chronic Nephritis. Senility</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 Hour <u>5:10 p.m.</u> Month, Day, Year	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>Feb. 10, 1960</u> to <u>Dec. 30, 1963</u> and last saw her <u>alive</u> on <u>Dec. 28, 1963</u> Death occurred at <u>5:10 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>C. A. Thompson DO</u>		22b. ADDRESS <u>New Florence, Mo.</u>	
22c. DATE SIGNED <u>1/1/64</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1/2/1964</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetary</u>	23d. LOCATION (City, town, or county) (State) <u>7600 St. Charles Rock Rd. Mo.</u>
24. FUNERAL DIRECTOR <u>Leon Toedtman Hermann, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>1-1-1964</u>	
		26. REGISTRAR'S SIGNATURE <u>Laura B. Callaway</u>	

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10700

20700

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94200

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 Leon Treutman

Licensed Embalmer No. 5202

P. O. Address Hermany Mo.

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.