

REC'D JUL 19 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21278
Do not use this space.

1. PLACE OF DEATH

(a) County Bates Registration District No. 50
(b) Township Atterbury Primary Registration District No. 3004 Registered No. 40
(c) City Butler (d) Street No. Butler Memorial Hospital. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Margaret Lou Stephenson. 315
(a) Residence, No. Near Adrian Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21, 1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
12 0 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adrian Mo.13. NAME David Stephenson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adrian Mo.15. MAIDEN NAME Leona LaFrance16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adrian Mo.17. INFORMANT (ADDRESS) D. V. Stephenson
Archie Mo.18. BURIAL, CREMATION, OR REMOVAL Crescent Hill Cemetary DATE June 11, 3819. FUNERAL DIRECTOR (ADDRESS) Creath & Six.
Adrian Mo.20. FILED June 11, 1938 Thma L. Culver Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1938.22. I HEREBY CERTIFY, That I attended deceased from June 6, 1938 to June 8, 1938I last saw her alive on June 8, 1938 Death is said to have occurred on the date stated above, at 12.10 A.M.

The principal cause of death and related causes of importance were as follows:

Venous thrombosis from vein of appendix secondary to appendicitis. Date of onset

Other contributory causes of importance: 121Name of operation appendectomy Date of 6-6-38What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. E. Rhinerson, M. D.(Address) Adrian Mo.

STATEMENT BY LICENSED EMBALMER

I, C.A.Six, Licensed Embalmer No. 3650

hereby certify that the body recorded on the reverse side of this certificate was embalmed by C.A.Six &

Fred T. Creagh Licensed Embalmer #3343

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed



Licensed Embalmer No. 3650

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.)