

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

40140
Do not use this space.

1. PLACE OF DEATH
 (a) County Lincoln Registration District No. 49
 (b) Township Bedford Primary Registration District No. 56.54
 (c) City (d) Street No. 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 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles Stepanek
 (a) Residence, No. 215 Charles Stepanek St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mary Stepanek
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7, 1865
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 9 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) Troy Missouri
 13. NAME John Stepanek
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia
 15. MAIDEN NAME Mary Darter
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia
 17. INFORMANT (ADDRESS) Guy Stepanek Troy Mo.
 18. BURIAL, CREMATION OR REMOVAL PLACE Marshall Cem. DATE Dec 1, 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wayne Mc Coy Troy Mo.
 20. FILED Dec 1, 1939 Mrs Pearl Muck (Address) Troy Mo.
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 29, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Sept 1 - 1938, to Nov 29, 1939
 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 5:00 A.M.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Prostate Date of onset 1936
 Other contributory causes of importance: SI
 Name of operation Prostatectomy Date of.....
 What test confirmed diagnosis? Biopsy 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....., 19.....
 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) J. Herbert, M. D.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, November
29, 1939 Wayne McCoy, or by _____
Registered Apprentice No. _____, working under my personal supervision.

Signed Wayne McCoy
Licensed Embalmer No. 36786
P. O. Address Irby 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 this body is not embalmed, above space should be left blank.