

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

18026

Do not use this space.

## 1. PLACE OF DEATH

(a) County CALLAWAY Registration District No. 104  
 (b) Township 3 Primary Registration District No. 3008 Registered No. 149  
 (c) City FULTON or (d) Street No. MISSOURI HOSPITAL No. 1 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 4 yrs. 1 mos. 11 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

ALTA STEPHENS  
 (a) Residence, No. PARIS MISSOURI 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 FEMALE 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 22, 1871

7. AGE YEARS 68 MONTHS 9 DAYS 7 IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 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) D.K. 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

FATHER 13. NAME RICHARD CHAMBERLAIN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OHIO

MOTHER 15. MAIDEN NAME D.K.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

17. INFORMANT (ADDRESS) HOSPITAL RECORD

18. BURIAL, CREMATION, OR REMOVAL PLACE Methodist DATE 5-30

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John J. Blasto

20. FILED 5-30- 19 40 P. N. Crewe Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27 19 40

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1939, to May 27, 1940

I last saw her alive on May 27, 1940 Death is said to have occurred on the date stated above, at 2 p. m.

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

Tuberculosis of Respiratory System Date of onset

Other contributory causes of importance: Senility

Name of operation clinical Date of 1940

What test confirmed diagnosis? Laboratory Was there an autopsy? Yes

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) John J. Blasto - 1, M. D.

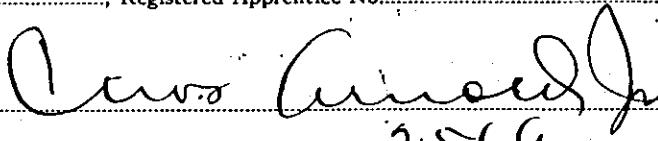
(Address) Fulton, Mo

**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... 

Licensed Embalmer No..... 3569

P. O. Address..... Mexico, 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.**