

FILED APR 8 1949

STANDARD CERTIFICATE OF DEATH 3042

State File No. 9272

BIRTH NO. REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 547 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>MONTEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MORGAN</u>	
b. CITY OR TOWN <u>CALIFORNIA</u>		c. CITY OR TOWN <u>VERSAILLES RURAL</u>	
c. LENGTH OF STAY (in this place) <u>10 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>5 N. S. W.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WORTH PROSPECT ST.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JESSIE</u> b. (Middle) <u>JAMES</u> c. (Last) <u>STEPP</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 28 1949</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>JUNE 16, 1944</u>	9. AGE (In years last birthday) <u>4</u>	if UNDER 1 YEAR: Months <u>9</u> Days <u>12</u>
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 (State or foreign country) <u>MORGAN CO, MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>JAMES STEPP</u>	13b. MOTHER'S MAIDEN NAME <u>MURTLE WILSON</u>	14. NAME OF HUSBAND OR WIFE <u>SINGLE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NONE</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>JAMES STEPP</u> ADDRESS <u>VERSAILLES, MO.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis</u>		INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>tuberculosis of spine</u>		
		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>01</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>California Montean Mo</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>California Montean Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1949, to MAR 28, 1949, that I last saw the deceased alive on Mar. 28, 1949, and that death occurred at 2 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Deceased or title) <u>J. D. Danison J.S.O.</u>	23b. ADDRESS <u>California, Mo</u>	23c. DATE SIGNED <u>3-29-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>MARCH 28-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>RITCHIE</u>
24d. LOCATION (City, town, or county) (State) <u>VERSAILLES, MO.</u>		

DATE REC'D BY LOCAL REG. <u>3-30-49</u>	REGISTRAR'S SIGNATURE <u>H.R. Popejoy</u> 202	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. F. Bullett</u> ADDRESS <u>Kearlcholle</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Filed
District
APR 7 1949
1949

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
Student Embalmer

Signed Raymond C. Lasher
Licensed Embalmer No. 4626

P. O. Address Vermillion, 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, fact should be so stated above.