

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29766

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4165 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY <b>Daviess</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Daviess</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Gallatin</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Gallatin</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Edward</b>	b. (Middle) <b>Jonothan</b>	c. (Last) <b>Stephenson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 15 1949</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 27 1866</b>	9. AGE (In years last birthday) <b>82</b>	10. UNDER 1 YEAR (Months) <b>10</b>	11. UNDER 1 Mth. (Days) <b>18</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Plasterer &amp; Painter</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Buildings</b>	11. BIRTHPLACE (State or foreign country) <b>Ottumwa, Iowa</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Jonothan Stephenson</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Morris</b>	14. NAME OF HUSBAND OR WIFE <b>Abbie Stephenson</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>O.W. Stephenson</b>	ADDRESS <b>Gallatin, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>4 3/4 hrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac asthma, Enlargement of heart</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause* (a) stating the underlying cause last. DUE TO (b) <b>mitral leak, acute bronchitis</b> 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 1, 1947, to Sept 15, 1949, that I last saw the deceased alive on Sept 15, 1949, and that death occurred at 10:45 a.m., from the causes and on the date stated above.

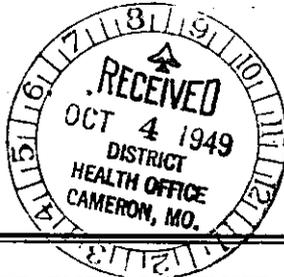
23a. SIGNATURE <b>Herb Harley</b>	(Degree or title)	23b. ADDRESS <b>Gallatin, Mo.</b>	23c. DATE SIGNED <b>9-19-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9-17-1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Brown Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Gallatin, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>21 Sept. 1949</b>	REGISTRAR'S SIGNATURE <b>Regina M. Engelhart</b>	81	25. FUNERAL DIRECTOR'S NAME <b>L.O. Dickerson</b>	ADDRESS <b>Gallatin, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



**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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Student .....  
Student Embalmer

Signed

*L. O. Richerson*

Licensed Embalmer No. *3302*

P. O. Address *Gallatin, 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.