

FILED SEP 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31024

BIRTH NO. _____		REG. DIST. NO. 201		PRIMARY REG. DIST. NO. 5739		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Macon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Richland</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		61	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>				d. STREET ADDRESS (If rural, give location) <u>Lophata Mo Rt 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u>		b. (Middle)		c. (Last) <u>Stenson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 10 1949</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 4 1861</u>	
9. AGE (in years last birthday) <u>88</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired R.R.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Tenn.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Robert Stenson</u>		13b. MOTHER'S MAIDEN NAME <u>Jane R. Bryan</u>		14. NAME OF HUSBAND OR WIFE <u>✓</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alma Jaynes 522 Chestnut Kansas City</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic and Hypertensive Heart Disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4/28/1</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>July 19</u> , 19 <u>49</u> , to <u>September 10</u> 19 <u>49</u> , that I last saw the deceased alive on <u>August 5</u> , 19 <u>49</u> , and that death occurred at <u>5:45 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M. Robert Kuapp M.D.</u>				23b. ADDRESS <u>La Plata, Mo.</u>		23c. DATE SIGNED <u>9/12/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 13 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>La Plata</u>		24d. LOCATION (City, town, or county) (State) <u>La Plata Mo</u>	
DATE REC'D BY LOCAL REG. <u>Sept 14 1949</u>		REGISTRAR'S SIGNATURE <u>Mrs. O. B. Buffin</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>A. D. S. Christie La Plata, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 14 1950

RECEIVED 9/21/49
MACON CO HEALTH DEPT
COUNTY FILE NO. 9/43/11
DATE FILED 9/21/49

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 *D.S. Christie*

Licensed Embalmer No. 1109

P. O. Address *La Plata 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.