

FILED OCT 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34038**

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4286 Registrar's No. 88

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1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>La Grange</u>	c. LENGTH OF STAY (In this place) <u>50 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>La Grange</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION.		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) <u>Lena Stephens</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 17, 1950</u>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 25, 1894</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 12 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (State or foreign country) <u>9</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Andrew Murray</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth (Unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>A. J. Stephens</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>C. J. Stephens</u> ADDRESS <u>La Grange, Missouri.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 days.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>	DUE TO (b) <u>Chronic Myocarditis</u>		<u>2 yrs</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <u>Chronic Nephrosis</u>		<u>2 yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>592X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)	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 2-13, 1948, to Oct 17, 1950, that I last saw the deceased alive on Oct 17, 1950, and that death occurred at 11:40 AM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frankie Adams MD</u>	23b. ADDRESS <u>Carleton Mo</u>	23c. DATE SIGNED <u>Oct 19, 50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 19, 1950.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Riverview,</u>	24d. LOCATION (City, town, or county) (State) <u>La Grange, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Oct 18 1950</u>	REGISTRAR'S SIGNATURE <u>P. W. Jennings, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Aulenshney, Ill.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 17 1951

Date Received: OCT 24 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-50-1
Date Filed: OCT 24 1951

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 _____

Albert Owen Osney, III.

Student Embalmer No. _____

working under my personal supervision.

Signed *Albert Owen Osney*

Signed _____
Student Embalmer

Licensed Embalmer No. *2703*

P. O. Address *Osney, Ill.*

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.