

FILED MAY 28 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **16224**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 459

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>Texas</b> b. COUNTY <b>Tarrant</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Fort Worth</b>	
c. LENGTH OF STAY (in this place) <b>9:30 hours</b>		d. STREET ADDRESS (If rural, give location) <b>2132 Pembroke Drive</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Johns</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Melinda</b> b. (Middle) <b>Weber</b> c. (Last) <b>Stephenson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 20 1951</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>March 22, 1885</b>		9. AGE (In years last birthday) <b>66</b>		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (State or foreign country) <b>Springfield, Illinois</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Jessie M Weber</b>		14. NAME OF HUSBAND OR WIFE <b>Clarence J. Stephenson</b>	
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 ADDRESS <b>Clarence J. Stephenson, Ft Worth, Texas</b>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>17 hrs</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio-sclerotic Heart Dis.</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 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 May 20, 1951, to May 20, 1951, that I last saw the deceased alive on May 20, 1951, and that death occurred at 12:00A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J.P. Hoadley M.D.</b>		23b. ADDRESS <b>Box Cherry St. Springfield, Mo.</b>		23c. DATE SIGNED <b>5/21/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>May 22, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Ridge Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Springfield, Illinois</b>	

DATE REC'D BY LOCAL REG. <b>5-22-51</b>		REGISTRAR'S SIGNATURE <b>W.B. Hoadley M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Alma Schmeiser, Springfield, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

1396  
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*Dr. W. A. Adams*

VS JUN 23 1959

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.....

Signed..... *James W. Wair* .....

Signed.....  
Student Embalmer

Licensed Embalmer No. *4650* .....

P. O. Address *Springfield, 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.