

FILED JUL 19 1951 STANDARD CERTIFICATE OF DEATH

0090 22026
State File No.

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 4072 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>BOLLINGER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LUTESVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LORANCE TWP. (RURAL)</u>	
c. LENGTH OF STAY (in this place) <u>2 1/2 mos.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BONDS NURSING HOME</u>		d. STREET ADDRESS (If rural, give location) <u>MARBLE HILL ROUTE #1</u>	

3. NAME OF DECEASED (Type or Print) <u>CHRISTINA</u>	a. (First) <u>A.</u>	b. (Middle) <u>PROFFER</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>7-13-1951</u>
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5. SEX <u>F.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED 3</u>	8. DATE OF BIRTH <u>9-30-1875</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>13</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>H.W.P.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (State or foreign country) <u>CAPE GIRARDEAU Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>GEORGE H. STEPHENS</u>	13b. MOTHER'S MAIDEN NAME <u>WEIR</u>	14. NAME OF HUSBAND OR WIFE <u>HETTIE MAE RAMSEY</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>HETTIE MAE RAMSEY</u>	ADDRESS <u>MARBLE HILL Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Atherosclerosis</u>		
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>331X</u>	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)
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 June 26, 1951, to July 13, 1951, that I last saw the deceased alive on July 12, 1951, and that death occurred at 2:09 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Corvette L. Price, M.D.</u>	23b. ADDRESS <u>Lutesville, Mo.</u>	23c. DATE SIGNED <u>7-13-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-15-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CRADER CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>BOLLINGER Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>July 13 1951</u>	REGISTRAR'S SIGNATURE <u>Willie Van Amburgh</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>BAKER FUNERAL HOME</u>	ADDRESS <u>LUTESVILLE, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0090
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RECEIVED

JUL 18 1951

DISTRICT HEALTH OFFICE No. 6

(File No.)

NOV 19 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.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed *J. E. Graham*

Licensed Embalmer No. *4010*

P. O. Address *Lutesville, 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.