

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29712**

FILED SEP 29 1957

BIRTH NO. **50920-57** REG. DIST. NO. **55** PRIMARY REG. DIST. NO. **3011** Registrar's No. **88**

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carrollton MO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carrollton	
d. FULL NAME OF HOSPITAL OR INSTITUTION South Side Hospital		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print): Stephanie Lynn Clasterman			4. DATE OF DEATH (Month) (Day) (Year) August 24 1951		
a. (First)	b. (Middle)	c. (Last)			

5. SEX F	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NO	8. DATE OF BIRTH August 24, 1951	9. AGE (In years last birthday) 10	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Carrollton Missouri	12. CITIZEN OF WHAT COUNTRY? AMER.
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13a. FATHER'S NAME Lee Clasterman	13b. MOTHER'S MAIDEN NAME Louise	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Louise Clasterman	ADDRESS Waverly
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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, asphyxia, 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) monstrosity (Congenital)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) MA/KA/FORMATION 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"/>
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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 **on August 24, 1951**, that I last saw the deceased alive on **Aug 24**, 19**51**, and that death occurred at **10:20** a.m., from the causes and on the date stated above.

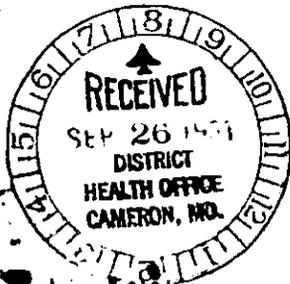
23a. SIGNATURE (Degree or title) Dr. Herbert C. Calvert	23b. ADDRESS Carrollton, MO.	23c. DATE SIGNED 9/14/51
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 9/14/51	24c. NAME OF CEMETERY OR CREMATORY Sent to South Side Hospital	24d. LOCATION (City, town, or county) (State) Carrollton MO.
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DATE REC'D BY LOCAL REG. 9/20/51	REGISTRAR'S SIGNATURE Mrs. Herbert Calvert	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
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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.....

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.