

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32356**

FILED NO. **2** 1951 REG. DIST. NO. **357** PRIMARY REG. DIST. NO. **6217** Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY Vernon			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Vernon		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Nevada-Rural)		c. LENGTH OF STAY (in this place) 4 years	c. CITY (If outside corporate limits, write RURAL and give township) Nevada-Rural-Badger Twp.		
d. FULL NAME OF HOSPITAL OR INSTITUTION R.R.#3, Badger Twp.			d. STREET ADDRESS (If rural, give location) R.R.#3		
3. NAME OF DECEASED (Type or Print) a. (First) Susan		b. (Middle) Elizabeth		c. (Last) Stephenson	
4. DATE OF DEATH (Month) (Day) (Year) September 17, 1951		5. SEX Fm // Wh		6. COLOR OR RACE Wh	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed		8. DATE OF BIRTH December 19, 1859		9. AGE (In years last birthday) 91 IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) DeKalb County, Indiana	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME George Austin		13b. MOTHER'S MAIDEN NAME Hannah Hammond	
14. NAME OF HUSBAND OR WIFE Cyrus Allen Stephenson		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Olan K. Sire		ADDRESS R#3 Nevada, Missouri		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemiplegia Left Side		INTERVAL BETWEEN ONSET AND DEATH 3 1/2 yrs		MEDICAL CERTIFICATION	
ANTECEDENT CAUSES		DUE TO (b) Arteriosclerosis		DUE TO (c) Senility	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) 1		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) m.		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 April , 19 47 , to Sept. 17 , 19 51 , that I last saw the deceased alive on Sept. 17 , 19 51 , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Rolla B. Moore M.D.			23b. ADDRESS Moore Building, Nevada, Mo.		23c. DATE SIGNED 9/18/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Sept. 18, 1951	24c. NAME OF CEMETERY OR CREMATORY Corydon Cemetery		24d. LOCATION (City, town, or county) (State) Corydon Iowa
DATE REC'D BY LOCAL REG Sept 20 1951		REGISTRAR'S SIGNATURE Mrs. Ruth Faith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ferry Funeral Home Nevada, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

R. B. Moore

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED

SEP 24 1951

Dist. File

951-1239

Date Filed

9-28-51

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

L. J. Ferry

Licensed Embalmer No. 1760

P. O. Address *Shewada 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.