

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **325**

FILED FEB 4 1952

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **121**

1. PLACE OF DEATH a. COUNTY Buchanan <i>0117</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gentry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph <i>St. Joseph</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Albany <i>0380</i>	
c. LENGTH OF STAY (In this place) 4 hours		d. STREET ADDRESS (If rural, give location) General Delivery <i>1</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1301 Grand Ave.			

3. NAME OF DECEASED (Type or Print) a. (First) ESTHER b. (Middle) STEPHENS c. (Last) STEPHENS			4. DATE OF DEATH (Month) (Day) (Year) 1 29 1952			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 6-14-1915	9. AGE (In years less birthday) 36	IF UNDER 1 YEAR Months Days	IF UNDER 48 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Grant City, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Andrew Hontz		13b. MOTHER'S MAIDEN NAME Mary Barber		14. NAME OF HUSBAND OR WIFE Frank Stephens	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (No, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Hontz, 2137 So. 9th St.	

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 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Tuberculous Meningitis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Pulmonary Tuberculosis <i>5 1/2 yrs</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Woman has been a patient <i>002X</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION at the State Tuberculosis Hospital <i>Had Vernon Mo. for 5 1/2 years. She died about 4 hrs after arriving in Albany</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE	21b. PLACE OF INJURY (Home, farm, factory, street, etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 *visited* attended the deceased from **1/30**, 19**52**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **11:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. F. Mandy, M.D. (Coroner)		23b. ADDRESS St. Joseph Mo		23c. DATE SIGNED 1/30/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/3/52	24c. NAME OF CEMETERY OR CREMATORY Miller Cemetery	24d. LOCATION (City, town, or county) (State) Albany, Missouri		

DATE REC'D BY LOCAL REG. Feb 1, 1952	REGISTRAR'S SIGNATURE Carl C. Easter	25. FUNERAL DIRECTOR'S SIGNATURE John E. Ruff	ADDRESS St. Joseph, Mo.
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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 *John E. Rupp* _____

Licensed Embalmer No. *3986* _____

P. O. Address *St. Joseph, 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.