

WED AUG 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26950

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>6225</u>		Registrar's No. <u>106</u>							
1. PLACE OF DEATH a. COUNTY <u>Vernon 1080</u> <u>2</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>									
b. CITY OR TOWN <u>Washington Twp</u>		c. LENGTH OF STAY (In this place) <u>2-10-6</u>		c. CITY OR TOWN <u>Cassville</u>									
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3</u>				d. STREET ADDRESS (If rural, give location) <u>Rural</u>									
3. NAME OF DECEASED (Type or Print) <u>Lenora</u>			a. (First)	b. (Middle)	c. (Last) <u>Stephenson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-27-52</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>8-25-1884</u>		9. AGE (In years last birthday) <u>68</u>		10. MONTHS <u>10</u>	11. DAYS <u>6</u>	12. IF UNDER 1 YEAR Hours <u>6</u>	13. IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Barry Co Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>Anderson</u>				13b. MOTHER'S MAIDEN NAME <u>Emma Towler</u>			14. NAME OF HUSBAND OR WIFE <u>Anderson</u>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>Anderson</u>				16. SOCIAL SECURITY NO. <u>Anderson</u>		17. INFORMANT'S SIGNATURE OR NAME <u>A. Max Stephenson</u>			ADDRESS <u>Cassville Mo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH			
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerotic heart disease</u>								<u>3 yrs +</u>			
		ANTECEDENT CAUSES											
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.											
		DUE TO (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) _____		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 <u>9-21-</u> <u>1949</u> to <u>2-27-</u> <u>1952</u> , that I last saw the deceased alive on <u>7-27</u> , <u>1952</u> , and that death occurred at <u>7:30 P. m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE <u>J. M. Bunch, M.D.</u> (Degree or title)						23b. ADDRESS <u>State Hospital #3</u>		23c. DATE SIGNED <u>7-27-52</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-30-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Horner Cemetery</u>		24d. LOCATION (City, town, or county) <u>Barry County Missouri</u>		(State) _____					
DATE REC'D BY LOCAL REG. <u>8-1-1952</u>		REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Culver</u>			ADDRESS <u>Cassville</u>					

(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 Margaret C. Herbert

Licensed Embalmer No. 4389

P. O. Address Cassville

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.