S. No. 300
Rev. 10.48

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

FILED SEP 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27776

State File No. 27776

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 800A

1. PLACE OF DEATH
a. COUNTY: GREENE 0396 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Burge Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Walnut Grove, Rural 1 0390
d. STREET ADDRESS (If rural, give location): RR # 2

3. NAME OF DECEASED (Type or Print)
a. (First): Leona
b. (Middle):
c. (Last): Stepp

4. DATE OF DEATH (Month) (Day) (Year): 8 30 52

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Sept 8 - 1894
9. AGE (In years last birthday): 57 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): Grayson Springs Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Gilden
13b. MOTHER'S MAIDEN NAME: Mary E. Armstrong
14. NAME OF HUSBAND OR WIFE: Virgil Stepp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Virgil Stepp — ADDRESS: Walnut Grove, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) Acute Cholecystitis with Cholelithiasis — 6 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Ca. of Cervix

19a. DATE OF OPERATION: 8/25/52
19b. MAJOR FINDINGS OF OPERATION: Ca. of Cervix
20. AUTOPSY? YES ☒ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 584.X

22. *I hereby certify that I attended the deceased from* 8/24, 1952, *to* 8/30, 1952, *that I last saw the deceased alive on* 8/30, 1952, *and that death occurred at* 7 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles E. Lockhart (Degree or title): MD
23b. ADDRESS: Springfield Mo
23c. DATE SIGNED: 8/31/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8-31-52
24c. NAME OF CEMETERY OR CREMATORY: Hickory Grove
24d. LOCATION (City, town, or county) (State): Willard Mo.

DATE REC'D BY LOCAL REG.: 9-9-52
REGISTRAR'S SIGNATURE: Estell Williamson Deputy Registrar
25. FUNERAL DIRECTOR'S SIGNATURE: Brim - Daniel
ADDRESS: Walnut Grove, Mo

(Licensed Embalmer's Statement on Reverse Side)

SEP 23 1952

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.

Student Embalmer No.....

Signed Lewis G. Schaff

Signed.....
Student Embalmer

Licensed Embalmer No. 38 A

P. O. Address Springfield, 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.