

FILED NOV 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35594

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Redford</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Redford</u> ⁰⁵⁷⁰	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 mi N.W. of Troy</u>		d. STREET ADDRESS (If rural, give location) <u>6 mi N.W. of Troy</u>	
-3. NAME OF DECEASED (Type or Print) <u>CHARLES</u> a. (First) <u>YUV</u> (Middle) <u>STEPANUK</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 28 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept 9 1891</u>
9. AGE (In years last birthday) <u>61</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Chas Stepanek</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ledlich</u>	14. NAME OF HUSBAND OR WIFE <u>Lillie Stepanek</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lillie Stepanek</u> ADDRESS <u>Troy Mo</u>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart trouble</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. <u>Paralysis throat</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4343</u>	
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>Sept 22, 1952</u> to <u>Oct 28, 1952</u> that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. E. Schroeder D.O.</u>		23b. ADDRESS <u>Troy, Mo</u>	
23c. DATE SIGNED		23d. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 30. 52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Troy Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Troy Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov 22-1952</u>		REGISTRAR'S SIGNATURE <u>Emma R. Riddell</u> ¹⁶²	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne M. & Coy</u>		ADDRESS <u>Troy Mo</u>	

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.

Signed.....

Wayne M. Bay

Signed.....
Student Embalmer

..... Licensed Embalmer No. *3586*

..... P. O. Address *Troy 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.