FILED FEB 3 1953

.S. No. 300
EV. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

802

State File No.

BIRTH NO. REG. DIST. NO. 84 PRIMARY REG. DIST. NO. 5319 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY Cooper
b. CITY OR TOWN Rural = Otterville (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (in this place) 3 years
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 1/2 Miles West, Pleasant Green Mo = 3 1/2 Mile West (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Cooper
c. CITY OR TOWN Rural = Otterville (If outside corporate limits, write RURAL and give township) 0270
d. STREET ADDRESS (If rural, give location) Pleasant Green Mo

3. NAME OF DECEASED (Type or Print) a. (First) FLORENCE b. (Middle) LIZZIE c. (Last) STEPHENS

4. DATE OF DEATH (Month) (Day) (Year) January-24-53

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, ~~NEVER MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~ (Specify) married
8. DATE OF BIRTH Dec-4-1892
9. AGE (In years last birthday) 60-1-20 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) House Wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Cambridge, Saline Co Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joseph Herrmann
13b. MOTHER'S MAIDEN NAME Minnie Thiesso
14. NAME OF HUSBAND OR ~~WIFE~~ James Luther Stephens

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 James Luther Stephens ADDRESS Pleasant Green 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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis, Generalized
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 331 X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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?

22. *I hereby certify that I attended the deceased from* Jan 24, 1953, *to* Jan 24, 1953; *that I last saw the deceased alive on* Jan 24, 1953 *and that death occurred at* 10 a m., *from the causes and on the date stated above.*

23a. SIGNATURE P V Siegel (Degree or title) MD
23b. ADDRESS Smithton Mo
23c. DATE SIGNED 1/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-27-53
24c. NAME OF CEMETERY OR CREMATORY Slater City Cemetery
24d. LOCATION (City, town, or county) (State) Slater Mo

DATE REC'D BY LOCAL REG. Feb 1-1953
REGISTRAR'S SIGNATURE Nellie Mullett
25. FUNERAL DIRECTOR'S SIGNATURE J. Jones ADDRESS Slater Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 15 1958

FEB 24 1953

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 James E. Jones

Licensed Embalmer No. 3143

P. O. Address Slater 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.