

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20466

State File No.

FILED JUN 4 1953

BIRTH NO. _____		REG. DIST. NO. <u>347</u>		PRIMARY REG. DIST. NO. <u>4507</u>		Registrar's No. <u>28</u>	
1. PLACE OF DEATH a. COUNTY <u>Stone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Arkansas</u> b. COUNTY <u>Boone</u>			
b. CITY OR TOWN <u>Crane</u>		c. LENGTH OF STAY (in this place) <u>1 wk</u>		c. CITY OR TOWN <u>Juno</u>		8030	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>8</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nannah</u>		b. (Middle) <u>Lou</u>		c. (Last) <u>Stepp</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 14 - 1953</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb 3 - 1877</u>	
9. AGE (In years last birthday) <u>76</u>		10. UNDER 1 YEAR (Months) <u>5</u>		11. UNDER 24 HRS. (Days) <u>11</u>		9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>House work</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>9</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>Felix Stepp</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Britton</u>	
14. NAME OF HUSBAND OR WIFE <u>A.P. Stepp</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Opal Bushon</u>				ADDRESS <u>Crane mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
DUE TO (b) <u>Cerebral anoxia</u>		1 hr.					
DUE TO (c) <u>Ventricular failure</u>		15 hrs.					
II. OTHER SIGNIFICANT CONDITIONS		2 wks.					
Conditions contributing to the death but not related to the disease or condition causing death. <u>Tobacco</u>							
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		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>May 11, 1953</u> to <u>May 14, 1953</u> , that I last saw the deceased alive on <u>May 14, 1953</u> , and that death occurred at <u>4:12 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank Lewis</u>				23b. ADDRESS <u>Box 6 Crane Mo</u>		23c. DATE SIGNED <u>5-14-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>May 14 - 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crawford</u>		24d. LOCATION (City, town, or county) (State) <u>Crane Ark</u>	
DATE REC'D BY LOCAL REG. <u>May 14 - 53</u>		REGISTRAR'S SIGNATURE <u>Mrs. J. Blomer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Christerson</u>		ADDRESS <u>Juno Ark</u>	

per Lina Murray (Licensed Embalmer's Statement on Reverse Side)

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

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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

George H. Malone

Licensed Embalmer No. 3827

P. O. Address Crane, 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.