No. 200
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29218

State File No.

FILED AUG 19 1953

BIRTH NO. REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4286 Registrar's No. 66

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LaGrange
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): At Home-No st. address

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LaGrange 560
d. STREET ADDRESS (If rural, give location): No St. address

3. NAME OF DECEASED (Type or Print)
a. (First): Cornelia
b. (Middle): -
c. (Last): Stephenson

4. DATE OF DEATH (Month) (Day) (Year): July 30, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 25, 1877
9. AGE (In years last birthday): 76
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:
11. BIRTHPLACE (City and State or Foreign Country): Lewis County
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Ezra Kerfoot
13b. MOTHER'S MAIDEN NAME: Betty Thompson
14. NAME OF HUSBAND OR WIFE: John Stephenson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. J. V. Rohs
ADDRESS: LaGrange, 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) Chronic Anemia — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Colon (Surgically removed 1944)
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: 153 X
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* May 27, 1953, *to* July 30, 1953, *that I last saw the deceased alive on* July 30, 1953, *and that death occurred at* 4:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. B. Hodson (Degree or title) D.O.
23b. ADDRESS: Canton, Mo.
23c. DATE SIGNED: 8-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 1, 1953
24c. NAME OF CEMETERY OR CREMATORY: Dower Cemetery
24d. LOCATION (City, town, or county) (State): Lewis County, Mo.

DATE REC'D BY LOCAL REG.: 8/4/53
REGISTRAR'S SIGNATURE: 161 B. W. Jennings M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: J. Kenneth Bailey
ADDRESS: LaGrange Mo
(Licensed Embalmer's Statement on Reverse Side)

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 J. Kenneth Bailey

Licensed Embalmer No. 4348

P. O. Address La Grange 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.