

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38053

State File No.

No. 300
10-48

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

1060

FILED OCT 26 1953		REG. DIST. NO. 352	PRIMARY REG. DIST. NO. 4011	Registrar's No. 79
1. PLACE OF DEATH a. COUNTY Taney		2. USUAL RESIDENCE (Where deceased lived. If institutional, residence before admission). a. STATE Arkansas b. COUNTY Arkansas		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Branson		c. LENGTH OF STAY (in this place) 3 wks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dewitt
d. FULL NAME OF HOSPITAL OR INSTITUTION Shipp. Hosp.		d. STREET ADDRESS (If rural, give location) 8030 8		
3. NAME OF DECEASED a. (First) Katherine b. (Middle) Alpha c. (Last) Stedman			4. DATE OF DEATH (Month) (Day) (Year) 10-21-53	
5. SEX Female	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11-14-1894	9. AGE (In years) (Months) (Days) (Hours) (Min.) 58
10a. USUAL OCCUPATION (Give kind of work if differing most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home maker		11. BIRTHPLACE (State or foreign country) Indiana
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME William Robbins		13b. MOTHER'S MAIDEN NAME Carolyn Schenell		13c. NAME OF HUSBAND OR WIFE Lonnie Stedman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Lonnie Stedman, Dewitt Ark
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) Carcinoma of stomach with liver & general metastasis ANTECEDENT CAUSES Afford 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.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) 151X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 28 Sept, 1953 , to 10/21, 1953 , that I last saw the deceased alive on 10/21, 1953 , and that death occurred at 10A m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) W.C. Magnus		23b. ADDRESS M.D. Branson, Mo		23c. DATE SIGNED 10/21/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-25-53		24c. NAME OF CEMETERY OR CREMATORY Dewitt
24d. LOCATION (City, town, or county) (State) Dewitt Ark.		24e. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS R.O. Whelchel Branson Mo		
DATE REC'D BY LOCAL REG. 10-21-53		REGISTRAR'S SIGNATURE A.C. Cogswell 376-		

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 Morris L. Whelchel

Licensed Embalmer No. 2277

P. O. Address Bassett

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.