

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **8308**
 Registrar's No. **295**

BIRTH NO. **FILED MAR 22 1954** REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY HOWELL	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. CITY OR TOWN PEACE VALLEY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 2 WKS		e. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) BERTHA	b. (Middle) O'TELLIE	c. (Last) STEIN	4. DATE OF DEATH (Month) (Day) (Year) MARCH 18, 1954
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED NEVER MARRIED	8. DATE OF BIRTH DEC. 31, 1892	9. AGE (In years last birthday) 61
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DAIRY FARM		10b. KIND OF BUSINESS OR INDUSTRY DAIRY FARM	11. BIRTHPLACE (City and State or Foreign Country) PEACE VALLEY, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME HENRY B. STEIN	13b. MOTHER'S MAIDEN NAME SARAH GILLIAM	14. NAME OF HUSBAND OR WIFE *****
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. N ?	17. INFORMANT'S SIGNATURE OR NAME MRS. CHARLOTTE SMITH ADDRESS WEST PLAINS

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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 4 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes Mellitus 4 years		
	DUE TO (c) Arteriolosclerotic Nephrosclerosis 1 year		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonitis, Bilateral			4 Weeks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 2 to 6 X	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)
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 **11-15, 1950**, to **3-18, 1954**, that I last saw the deceased alive on **3-18, 1954**, and that death occurred at **1:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William J. Paul, M.D.	23b. ADDRESS 609 Cherry, Springfield, Mo	23c. DATE SIGNED 3/18/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3/18/54	24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) West Plains, Missouri	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. H. Lohmeyer, Springfield, Missouri	
DATE REC'D BY LOCAL REG. 3-20-54	REGISTRAR'S SIGNATURE Edith Williamson	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

NOV 24 1954

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.....
Signature of Student Embalmer

Signed *William L. Swadlow*.....

Licensed Embalmer No. *488*.....

P. O. Address *Spring*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.