

FILED AUG 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28627**

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **154**

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN Marshall, Mo.		c. CITY OR TOWN Rural-Marshall Twn.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 8 Days		e. STREET ADDRESS (If rural, give location) 3 Miles East-Marshall, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbon Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Louis	b. (Middle) Nicholas	c. (Last) Stedem	4. DATE OF DEATH (Month) (Day) (Year) Aug. 11 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 13-1898	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months - Days 28	IF UNDER 24 HRS. Hours - Mins. -
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming & Real Estate	10b. KIND OF BUSINESS OR INDUSTRY & Insurance	11. BIRTHPLACE (City and State or Foreign Country) Marshall, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Nicholas Stedem	13b. MOTHER'S MAIDEN NAME Julia K. Benedick	14. NAME OF HUSBAND OR WIFE Lila Kirby Stedem
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 495-01-8060	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Louis N. Stedem-Marshall, Mo.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Culmonary Embolism		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Post cholecystectomy 6 days. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		584X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Chr. cholecystitis & cholelithiasis	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **14 July, 1955** to **11 Aug, 1955**, that I last saw the deceased alive on **11 Aug, 1955** and that death occurred at **11:40 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Ralph H. Jones M.D. (Degree or title)	23b. ADDRESS Marshall, Mo	23c. DATE SIGNED 8-12-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/13/55	24c. NAME OF CEMETERY OR CREMATORY Ridge Park	24d. LOCATION (City, town, or county) (State) Marshall, Missouri
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DATE REC'D BY LOCAL REG. 8-12-55	REGISTRAR'S SIGNATURE Cecil A. Reed	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 385 - 750 S. 1st St. - Marshall, Mo.
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(Licensed Embalmer's statement on Reverse Side)

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

No. 300
10.48

AUG 25 1958

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..... J. Leslie Swanson

Licensed Embalmer No..... 22

P. O. Address..... Marsha

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.