

FILED FEB 7 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **119** PRIMARY REG. DIST. NO. **5436** Registrar's No. **1**

1. PLACE OF DEATH  
a. COUNTY **GASCONADE**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)  
a. STATE **Mo** b. COUNTY **GASCONADE**

b. CITY (If outside corporate limits, write RURAL and give township) **RURAL BOULWARE TWP**  
c. LENGTH OF STAY (in this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION **4 1/2 mi. W. of SWISS**

c. CITY OR TOWN  
d. Is Residence within limits of a city or incorporated town? Yes  No   
e. STREET ADDRESS (If rural, give location) **4 1/2 mi. W. of SWISS 0370**

3. NAME OF DECEASED  
a. (First) **AUGUST** b. (Middle) **FREDERICK** c. (Last) **STEPHAN**

4. DATE OF DEATH (Month) (Day) (Year)  
**JAN. 26-1956**

5. SEX  MALE  FEMALE  
6. COLOR OR RACE **WHITE**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED**

8. DATE OF BIRTH **DEC-31-1891**

9. AGE (In years last birthday) **64** IF UNDER 1 YEAR Months Days Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **FARMER**

10b. KIND OF BUSINESS OR INDUSTRY **FARMING**

11. BIRTHPLACE (City and State or Foreign Country) **RTO HERMANN Mo**

12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **JOHN STEPHAN**

13b. MOTHER'S MAIDEN NAME **EMILIE EIKERMANN**

14. NAME OF HUSBAND OR WIFE **MARIE STEPHAN**

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. **499-40-0819**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. Marie Stephan R1-Hermann 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **MYOCARDIAL INFARCTION**  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **CORONARY ARTERIOSCLEROSIS**  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
**1 hr.**  
**3 yrs**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **4201**

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 **Sept.**, 19**53**, to **1-26**, 19**56**, that I last saw the deceased alive on **10-12**, 19**55**, and that death occurred at **9:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **George M. Workman M.D.**

23b. ADDRESS **HERMANN Mo**

23c. DATE SIGNED **1-27-56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL**

24b. DATE **1-29-1956**

24c. NAME OF CEMETERY OR CREMATORY **St. John's Cemetery**

24d. LOCATION (City, town, or county) (State) **HERMANN RTO Mo**

DATE REC'D BY LOCAL REG. **1-28-56**

REGISTRAR'S SIGNATURE **Delma Herken**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Hugo Blumer Hermann Mo**

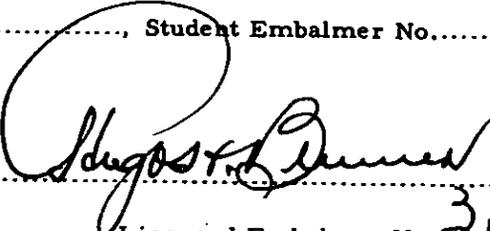
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

  
Licensed Embalmer No. 316

P. O. Address Herrean

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.