X
No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8817

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 294

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (In this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Springfield Baptist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Dallas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buffalo
d. STREET ADDRESS (If rural, give location): Plad Star Route

3. NAME OF DECEASED (Type or Print): a. (First) Celia b. (Middle) Pearl c. (Last) Stepp
4. DATE OF DEATH (Month) (Day) (Year): March 26, 1956
5. SEX: female
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Aug. 6, 1892
9. AGE (In years last birthday): 63 — 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): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own House
11. BIRTHPLACE (City and State or Foreign Country): Camden County, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Mike Prater
13b. MOTHER'S MAIDEN NAME: Rosa Nations
14. NAME OF HUSBAND OR WIFE: Deceased
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.: unknown
17. INFORMANT'S SIGNATURE OR NAME: Robert Stepp — ADDRESS: Buffalo, Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Intrathoracic Injuries — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Multiple fractured Ribs — 8 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Multiple fractures all extremities

19a. DATE OF OPERATION: Mar 19, 1956
19b. MAJOR FINDINGS OF OPERATION: Multiple fractures chest and extremities, shock
20. AUTOPSY? YES ☐ NO ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.): Highway 65
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 02 Dallas, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Mar 19 1956 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Automobile accident

22. *I hereby certify that I attended the deceased from* Mar 19, 1956, *to* Mar 26, 1956, *that I last saw the deceased alive on* Mar 26, 1956, *and that death occurred at* 3:35 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Frank A. Sundstrom (Degree or title) M.D.
23b. ADDRESS: Springfield Mo.
23c. DATE SIGNED: Mar 23, 1956
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 3-19-56
24c. NAME OF CEMETERY OR CREMATORY: unknown
24d. LOCATION (City, town, or county) (State): Buffalo, Mo.
DATE REC'D BY LOCAL REG.: 3-29-56
REGISTRAR'S SIGNATURE: Edith Williamson
25. FUNERAL DIRECTOR'S SIGNATURE: L. B. Jones Fun'l Home — ADDRESS: Buffalo, Mo.
(Licensed Embalmer's Statement on Reverse Side) By Gene Hunter

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 ..... Student Embalmer

Signed Gene E. Hunter

Licensed Embalmer No. 4739

P. O. Address Buffalo, 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.