No. 300
10.48

FILED NOV 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36868

BIRTH NO. _____ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 6280 Registrar's No. 29

1. PLACE OF DEATH
a. COUNTY Wright
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hart Twp. (Rural)
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Mo
b. COUNTY Wright
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hart Twp. (rural)
d. STREET ADDRESS (If rural, give location) 114 0

3. NAME OF DECEASED (Type or Print) a. (First) Laura b. (Middle) A. c. (Last) Stephens

4. DATE OF DEATH (Month) Oct (Day) 29 (Year) 1956

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W
8. DATE OF BIRTH Apr. 10, 1873
9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months 6 Days 19 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Mtn. Grove, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George Workman
13b. MOTHER'S MAIDEN NAME Lane
14. NAME OF HUSBAND OR WIFE John W. Stephens

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. None
17. INFORMANT'S SIGNATURE OR NAME Mellissa Wilson ADDRESS Hartville 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 5 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Virus flu — 4 days.
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 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* 10-29, 1956, *to* 10-29, 1956, *that I last saw the deceased alive on* 10-29, 1956, *and that death occurred at* 2:05 P m., *from the causes and on the date stated above.*

23a. SIGNATURE J. E. Worthey D.O. (Degree or title)
23b. ADDRESS Hartville Mo
23c. DATE SIGNED 10-30-56

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 10-1-56
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Bedford Iowa

DATE REC'D BY LOCAL REG. 10-29-56
REGISTRAR'S SIGNATURE Mrs Howard Claxton
25. FUNERAL DIRECTOR'S SIGNATURE Mr Wetmore ADDRESS Bedford Iowa

(Licensed Embalmer's Statement on Reverse Side)

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

532
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RECEIVED
WRIGHT CO. HEALTH DEPT.
Death File Number
Date Filed

RECEIVED 11-13-52
WRIGHT CO. HEALTH DEPT.
File Number 1176-106
Filed 11-13-52

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 R. W. Barber

Licensed Embalmer No. 3847

P. O. Address Vita Funeral Home

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.