

FILED FEB 5 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1786

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon		c. CITY OR TOWN Lebanon	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) 4 Days		e. STREET ADDRESS (If rural, give location) 253 Ash	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wallace Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) MARY	b. (Middle) E.	c. (Last) STEBBINS	4. DATE OF DEATH (Month) (Day) (Year) Jan. 24, 1957
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Dec. 23, 1875	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse	10b. KIND OF BUSINESS OR INDUSTRY Medical	11. BIRTHPLACE (City and State or Foreign Country) Walkerville Canada	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Edward Stebbins	13b. MOTHER'S MAIDEN NAME Francis Palmer	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes.	16. SOCIAL SECURITY NO. (If yes, give war or date of service) S.A. & WW I 497-26-8542	17. INFORMANT'S SIGNATURE OR NAME Mrs. Charlotte Bass, Lebanon, Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolus		INTERVAL BETWEEN ONSET AND DEATH 26 hrs	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture Rt Elbow			5 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	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) 053
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 15 Feb 1847 to 24 Jan, 1957, that I last saw the deceased alive on 24 Jan, 1957, and that death occurred at 9:00A m., from the causes and on the date stated above.

23a. SIGNATURE Paula Denton	23b. ADDRESS Lebanon Mo	23c. DATE SIGNED 25 Jan 57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-26-57	24c. NAME OF CEMETERY OR CREMATORY Lebanon City Cemetery	24d. LOCATION (City, town, or county) (State) Lebanon, Mo.
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DATE REC'D BY LOCAL REG. 1-26-1957	REGISTRAR'S SIGNATURE Stella L. Way	25. FEDERAL DIRECTOR'S SIGNATURE S R Palmer	ADDRESS Lebanon Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

424

FEB 25 1957

FEB 14 1957

Received 2-4-57  
Laclede County Health Unit  
File No. 14  
Date Filed 2-4-57

**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 Stanleigh R Palmer

Licensed Embalmer No. 4810

P. O. Address Laboron

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.