

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4291

FILED FEB 26 1957

STATE FILE NUMBER

Registration District No. 120 Primary Registration District No. 5446 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Gentry</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Stanberry Rural</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>S. W. of Stanberry 4 miles</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>S. W. 4 miles</u>	
3. NAME OF DECEASED (Type or print) <u>Sarah Frances Stephenson</u>				First Middle Last		4. DATE OF DEATH <u>Feb. 18 1957</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>July 12 1872</u>	
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Month <u>7</u> Days <u>6</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home Housewife</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Gentry Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>			
13. FATHER'S NAME <u>Benjamin Pierce</u>				14. MOTHER'S MAIDEN NAME <u>Elizabeth Liggett</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Forrest Stephenson Stanberry, MO</u> Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Severe Anemia</u> DUE TO (b) <u>Dysentery</u> DUE TO (c) <u>Zonknoom.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>048X</u>							INTERVAL BETWEEN ONSET AND DEATH <u>WEEKS</u> <u>years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Arteriosclerotic cardiovascular disease</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>2</u>	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>July 4, 1955</u> to <u>Febr. 18, 1957</u> and last saw her alive on <u>2-13-57</u> Death occurred at <u>7:15 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Arthur L. Carlson MD.</u>				22b. ADDRESS <u>Stanberry, Mo.</u>		22c. DATE SIGNED <u>2-19-57</u>	
23a. BURIAL, CREMATION, REINTERMENT (Specify) <u>burial</u>		23b. DATE <u>2/20/57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>High Ridge</u>		23d. LOCATION (City, town, or county) (State) <u>Stanberry Gentry Mo.</u>	
24. FUNERAL DIRECTOR <u>Henry H. Phillips</u>		ADDRESS <u>Stanberry, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Feb. 20, 57</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. L. W. Bare</u>	

(Licensed Embalmer's Statement on Reverse Side)

alth,  
elfare  
blic  
ervice

00  
-56

Director, coroner, etc. must use only standard instruments when recording cause of death. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

42

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by ~~me~~ or by ..... Student Embalmer No. ....

~~working under my personal supervision.~~

Student.....  
Signature of Student Embalmer

Signed.....

.....  
Licensed Embalmer No. 18

P. O. Address Stouber

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.

MS 02 457