

THE DIVISION OF REALTY OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7746

STATE FILE NUMBER

FILED MAR 18 1957

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 256

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|---|--|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Joseph 01170 | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 615 1/2 Bon Ton St. | | Length of stay in lb 65 Yrs | | d. STREET ADDRESS 615 1/2 Bon Ton St., | |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | |
| 3. NAME OF DECEASED (Type or print) Elizabeth Butler Stephenson | | | 4. DATE OF DEATH March 9, 1957 | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> | |
| 8. DATE OF BIRTH Dec. 6, 1866 | | 9. AGE (In years last birthday) 90 | | 10. IF UNDER 1 YEAR IF UNDER 24 HRS. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | | 11. BIRTHPLACE (City and state or country) County Cork, Ireland | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | | | |
| 13. FATHER'S NAME Thomas Butler | | | 14. MOTHER'S MAIDEN NAME Not Known | | |
| 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 Mrs Duncan Borden 615 1/2 Bon Ton City | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL VASCULAR ACCIDENT. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ATHEROSCLEROSIS. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) SENILITY | | | | | INTERVAL BETWEEN ONSET AND DEATH (HOURS) (IMMED.) |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 2 | | | |
| 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.) | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year 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 2/19/57 to 3/9/57 and last saw her/him alive on 2/19/57. Death occurred at 10:55 P. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) John T. Dagers M.D. | | 22b. ADDRESS 307 Kialpatrich Bldg No | | 22c. DATE SIGNED 3/11/57 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Mar. 11, 57 | | 23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery | |
| 23d. LOCATION (City, town, or county) St. Joseph, Mo. | | | | | |
| 24. FUNERAL DIRECTOR Norman W. Sidenfaden | | ADDRESS St. Joseph, Mo. | | 25. DATE RECD. BY LOCAL REG. March 13, 1957 | |
| 26. REGISTRAR'S SIGNATURE Esther M. Allison | | | | | |

Health, welfare, public service

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Doctor, coroner, etc. must use only standard nomenclature. 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

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Rogers

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.....
Robert H. Apple

Licensed Embalmer No. 3308

P. O. Address St., Joseph

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.