

FILED MAY 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 017719

STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 5592 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN RURAL JOACHIM Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN CRYSTAL CITY Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ***** Length of stay in 1b		d. STREET ADDRESS BOX 143 (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First MARTHA Middle Last STEVENS			4. DATE OF DEATH Month 4 Day 22 Year 57		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 26, 1890	9. AGE (In years and birthday) 66	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and state or country) PIRAEUS, GREECE		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME GEORGE SOFRON			14. MOTHER'S MAIDEN NAME UNKNOWN		

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT <i>Stephen Stevens Crystal City, Mo</i> Address
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coroner Thrown back</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 min</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Arteriosclerosis mild hypertension</i>	<i>2 yrs</i>
	DUE TO (c) <i>Diabetes</i>	<i>2 yrs</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>260X</i>		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.)
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	

20d. INJURY OCCURRED WHILE AT <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 CRYSTAL CITY	COUNTY JEFFERSON	STATE MISSOURI
21. I attended the deceased from <u>1/3/54</u> to <u>4/22/57</u> and last saw her alive on <u>4/18/57</u> Death occurred at <u>9:00 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <i>M. P. Stevens</i> (Degree or title) MD	22b. ADDRESS <i>Her culanin, Mo</i>	22c. DATE SIGNED <u>4/24/57</u>		

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE <u>2-25-57</u>	23c. NAME OF CEMETERY OR CREMATORY ST MATTHEW CEMETERY	23d. LOCATION (City, town, or county) (State) ST LOUIS, MISSOURI
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24. FUNERAL DIRECTOR <i>Geney C. Pelitt Crystal City, Mo.</i> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>4-24-57</u>	26. REGISTRAR'S SIGNATURE <i>James H. Sigdon</i>
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(Licensed Embalmer's Statement on Reverse Side)

Health,
Welfare
Public
Service300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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.

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI.

DATE RECEIVED

MAY 8 9 1957

MAY 7 1957

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

Gentry R. Polittle

Licensed Embalmer No. 34

P. O. Address: Crystal

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.