

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18206

FILED JUN 4 1957

Registration District No. 276 Primary Registration District No. 5945 Registrar's No. 20

STATE FILE NUMBER

Health, Welfare, Public Service

300  
1-56

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>Phelps</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rural - N. Dillon</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Rural</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>←</b>			Length of stay in lb <b>2 mo.</b>		d. STREET ADDRESS (If outside, give location) <b>N. Dillon</b>		Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>ESTHER R. STEVENIS</b> <small>First Middle Last</small>				4. DATE OF DEATH <b>MAY 23, 1957</b> <small>Month Day Year</small>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>June 6 - 1887</b>		9. AGE (In years last birthday) <b>69</b> <small>IF UNDER 1 YEAR IF UNDER 24 HRS.</small> Months <b>11</b> Days <b>17</b> Hours <b>17</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>←</b>		11. BIRTHPLACE (City and state or country) <b>Cooper Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>FRANK EGELSTON</b>				14. MOTHER'S MAIDEN NAME <b>DeLaLaporte</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>←</b> <small>(If yes, give war or dates of service)</small>		16. SOCIAL SECURITY NO. <b>←</b>		17. INFORMANT <b>Wm Stevenis (Husband)</b> Address <b>St James, Mo.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>acute coronary occlusion</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>atherosclerosis</b> DUE TO (c) <b>4201</b>  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Chronic bronchitis after influenza February 1957</b>							INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>
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 <b>10</b> Month <b>10</b> Day <b>10</b> Year <b>1957</b> 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 <b>February 24/57</b> to <b>July 23/57</b> and last saw her alive on <b>April 19/57</b> Death occurred at <b>10 a-m</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>C. Hammler, M.D.</b>				22b. ADDRESS <b>St James, Mo</b>		22c. DATE SIGNED <b>5-25/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)		
<b>Burial</b>		<b>5-26-57</b>	<b>Masonic Cemetery</b>		<b>St. James, Mo.</b>		
24. FUNERAL DIRECTOR <b>Oral E. Lieblid</b> ADDRESS				25. DATE RECD. BY LOCAL REG. <b>5-28-1957</b>		26. REGISTRAR'S SIGNATURE <b>Ruth B. Powell</b>	

RECEIVED

Phelps County Health Officer,

County File Number 717

Date Filed June 3, 1957

JUN 11 1957

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 me Student Embalmer No. ....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Orice E. Liepelt

Licensed Embalmer No. 34

P. O. Address St. James

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.