

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 021943
STATE FILE NUMBER
32

FILED JUL 15 1957

Registration District No. 238 Primary Registration District No. 4355 Registrar's No. 32

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY New Madrid | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri CITY New Madrid | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN New Madrid | | c. CITY OR TOWN New Madrid Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home | | d. STREET ADDRESS 711 Water St. (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Albert Middle Hart Last Stepp | | 4. DATE OF DEATH Month June Day 25 Year 1957 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH June 12, 1896 |
| 9. AGE (In years last birthday) 61 | | IF UNDER 1 YEAR Months 0 Days 13 Hours Min. | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (City and state or country) New Madrid, Missouri |
| 13. FATHER'S NAME Albert Acie Stepp | | 14. MOTHER'S MAIDEN NAME Ida S. Hart | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) None | | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Ida Stepp, New Madrid, Missouri 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) Tumor, Mediastinal, type undetermined | | | INTERVAL BETWEEN ONSET AND DEATH 3 mo. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____ | | | 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 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 May 1957 to June 25th and last saw her alive on June 24th . Death occurred at 4 PM m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Louis Smith MD | | 22b. ADDRESS New Madrid Mo. | 22c. DATE SIGNED 1 July 57 |
| 23a. BURIAL, CREMATION, REBURY (Specify) Burial | 23b. DATE June 27, 57 | 23c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery | 23d. LOCATION (City, town, or county) (State) New Madrid, Missouri |
| 24. FUNERAL DIRECTOR Richards Undertaking Co. Missouri | ADDRESS New Madrid | 25. DATE RECD. BY LOCAL REG. 7/5/57 | 26. REGISTRAR'S SIGNATURE Joy Hedgpeth |

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.

JUL 17 1957

DATE RECEIVED JUL 8 1957
NEW MADRID CO. HEALTH CENTER

P. J. S.

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 *Tommy L. Polity*

Licensed Embalmer No. 48

P. O. Address *New Madrid*

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.