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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED DATE 10-10-2001 BY 60322 UCBAW/STP

Doctor, coroner, etc. must use only standard nomenclature in item 10. 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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25528

STATE FILE NUMBER

FILED AUG 12 1957

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 188

1. PLACE OF DEATH a. COUNTY Nodaway			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Nodaway		
b. CITY (If outside corporate limits, give TOWNSHIP only) Maryville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Maryville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) St Francis Hospital		Length of stay in lb 8das	d. STREET ADDRESS 118 1/2		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Nellie Stephenson (Stinson)			4. DATE OF DEATH Month 7 Day 26 Year 1957		
5. SEX female	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 25, 1875	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper		10b. KIND OF BUSINESS OR INDUSTRY home-own	11. BIRTHPLACE (City and state or country) Maryville, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Andrew T. Stephenson (Stinson)			14. MOTHER'S MAIDEN NAME Ellen Iseral		
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. unknown	17. INFORMANT Tom Stephenson (Stinson) Address MO Maryville		
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 hemorrhage					INTERVAL BETWEEN ONSET AND DEATH 9 days
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) 331X					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 Maryville Mo	
21. I attended the deceased from July 17, 1957 to July 26, 1957 and last saw her him alive on July 26 . Death occurred at 5:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE R. E. Dunsmuir M. D. (Degree or title)			22b. ADDRESS Maryville Mo		22c. DATE SIGNED 7-27-57
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 7/30/1957	23c. NAME OF CEMETERY OR CREMATORY Miriam Cemetery		23d. LOCATION (City, town, or county) (State) Maryville, Mo.
24. FUNERAL DIRECTOR M. O. Stehman ADDRESS Maryville		25. DATE RECD. BY LOCAL REG. 8-10-57		26. REGISTRAR'S SIGNATURE Bess Holt	

(Licensed Embalmer's Statement on Reverse Side)

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 *G. M. Atch...*

Licensed Embalmer No.....*3*

P. O. Address *Maryland*

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.