

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017302

STATE FILE NUMBER

JUN 9 1959 Registration District No. 120 Primary Registration District No. Registrar's No. 52

300
-57

1. PLACE OF DEATH a. COUNTY Gentry			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Worth		
b. CITY (If outside corporate limits, give TOWNSHIP only) Albany		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Allendale		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Gentry Co. Hosp.		Length of stay in 1b 1 day	1/3 d. STREET ADDRESS (If outside, give location) 0		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Nellie First Stephenson Middle Last			4. DATE OF DEATH May 24, 1959 Month Day Year		
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 Sept. 15, 1884		9. AGE (In years last birthday) 74
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and state or country) Kellerton, Iowa	
12. CITIZEN OF WHAT COUNTRY? U. S.		13. NAME OF FATHER'S MAIDEN NAME Jim Woolums			
14. NAME OF HUSBAND OR WIFE Tom Stephenson		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 Address Clarence W. Stephenson-Grant City, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Peritonitis					INTERVAL BETWEEN ONSET AND DEATH 48 Hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Intestinal Obstruction					Not Known
DUE TO (c) Senility					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5705					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 a.m. Month, Day, Year 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 23 May 59 to 24 May 59 and last saw her alive on 24 May 59 Death occurred at 8:55 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>L. L. Merrill</i> (Degree or title) D.O.			22b. ADDRESS Albany, Missouri		22c. DATE SIGNED 26 May 59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 26, 1959	23c. NAME OF CEMETERY OR CREMATORY Kirk Cemetery		23d. LOCATION (City, town, or county) (State) Worth County, Missouri
24. FUNERAL DIRECTOR <i>Bill a. Dunfee</i>		ADDRESS Grant City, Mo.		25. DATE RECD. BY LOCAL REG. 6-1-59	26. REGISTRAR'S SIGNATURE <i>Mrs. L. W. Bare</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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VIS MAR 29 1960

VIS JUN 3 1959

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 *Bill Rodenfel*

Licensed Embalmer No. *4908*

P. O. Address *Grand City*

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.