

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

-60-023713  
State File No.

5. No. 300  
v. 10.48

FILED VS JUL 6 1960

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>Lee</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Rural Union Gr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Keokuk</u>	
c. LENGTH OF STAY (in this place) <u>10 days</u>		d. STREET ADDRESS (If rural, give location) <u>222 South 7th Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>Mae</u> c. (Last) <u>Stephens</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 27, 1960</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Nov. 11, 1868</u>	9. AGE (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Matron</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Ladies Home</u>	11. BIRTHPLACE (State or foreign country) <u>LaGrange, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Stephens James Cloud</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Ellis</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Eva Couson</u>	ADDRESS <u>Keokuk</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Insufficiency</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.  DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4201</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 6/29, 1960, to 6/27, 1960, that I last saw the deceased alive on 6/27, 1960, and that death occurred at 7:50 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Mrs. Henry Lloyd</u>	(Degree or title)	23b. ADDRESS <u>LaGrange Mo</u>	23c. DATE SIGNED <u>6/27/60</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 29, 1960</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LaGrange Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>LaGrange Mo</u>
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DATE REC'D BY LOCAL REG. <u>6-28-60</u>	REGISTRAR'S SIGNATURE <u>Mrs. Henry Lloyd</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Calphhild</u>	ADDRESS <u>Keokuk, Iowa</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 1 1931

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 .....  
Student Embalmer

Signed Carl G. Schmidt

Licensed Embalmer No. 3558

P. O. Address Keokuk, Iowa

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 this body is not embalmed, fact should be so stated above.