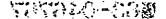
MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

163-046767

93 Primary Registration District No. 45/5 Registrar's No. Registration District No. 381 DO NOT WRITE AMENDED FILED NOV 1 9 1963 ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before 1. PLACE OF DEATH a. COUNTY VS 300 a. STATE admission) AMENDED Sullivan Sulli<u>van</u> Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits QR Milan TOWN Yes 🗌 No 🕞 2 days TOWN Newtown 1/050 c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location) Reside on Farm HOSPITAL OR **ADDRESS** INSTITUTION S. C. M. Hospital Yes 🕎 No 🗌 Yes 🗆 Na 💭 2/050 3. NAME OF DECEASED Middle 4. DATE Month Day Year 3 (Type or print) OF DEATH Iris Izora Adlesperger 1**9**63 9. AGE (lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HR 5. SEX 6. COLOR OR RACE 7. Marriad 🗍 Never Married DATE OF BIRTH Months Days Widowad 📮 Divorced [Hours Min. 5 2 Female. White 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
HOUSEWITE: Davton. 13a, FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE Martin Adlesperger Stevens: <u>V. M. Wertz</u> 17. INFORMANT 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) Vane Adlesperger. Easton. Ill. None INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART 1. DEATH WAS CAUSED BY: DOCUMENT ONSET AND DEATH 10 day ORD ö 11 INSTEAD Conditions, if any, which gave rise to above cause (a), stating the under-DUE TO (c) lying cause last. ŏ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal deceased was female there a pregnancy in last 90 days. disease condition given in PART I (a) ☐ No ☐ Yes □ Unknown AMENDMENT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE PERFORMED? YES | NO | 20c. TIME OF Hour Month, Day, Year RIBBON INJURY a.m. BLACK INK STATE 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) COUNTY 20d, INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK [] READ **TYPEWRITER** 21. I attended the deceased fromthe date stated above, and to the best of my knowledge, from the causes stated. SHOULD Death occurred at USE 22c. DATE A GNE 22b. ADDRESS (Degree or title) Ö 22a. SIGNATURE AFFIDAVIT 23c. NAME OF CEMETERY OR CREMATORY (State) 23d. LOCATION (City, fawh, or county) 23b. DATE 23a. BURIAL, CREMATION, REMOVAL (Specify) Ö. Brackett Cemetery Sullivan County Burial ADDRESS ¥. 24. FUNERAL DIRECTOR Payne. Newtown Mo.

(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.	
StudentSignature of Student Embalmer	Signed Toward Jedil Licensed Embalmer No. 3240 P. O. Address Jun Tunn

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.