

REC'D MAY 17 1938

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

15367

Do not use this space.

## 1. PLACE OF DEATH

(a) County New Madrid Registration District No. 294  
 (b) Township Lewis Primary Registration District No. 4062 Registered No. \_\_\_\_\_  
 (c) City Lilbourn (d) Street No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. \_\_\_\_\_

## 2. PRINT FULL NAME

Not Named Boy Of Orbis Stephens 315  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>XX</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2/17/38</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>0</u>	<u>0</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>none</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
FATHER	11. Total time (years) spent in this occupation	
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lilbourn Mo.</u>	
MOTHER	13. NAME <u>Orbis L. Stephens</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Malden Mo.</u>	
15. MAIDEN NAME <u>Ella May Whitmire</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Madrid Co. Mo.</u>		
17. INFORMANT <u>Orbis L. Stephens</u> (ADDRESS) <u>Lilbourn Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lounds Park</u> DATE <u>2/18/38</u>		
19. FUNERAL DIRECTOR <u>Hill Bros.</u> (ADDRESS) <u>Lilbourn Mo.</u>		
20. FILED <u>May 10 1938</u> <u>E. E. Jones</u> Local Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/17/38 19\_\_

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_, to \_\_\_\_\_, 19\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_. Death is said to have occurred on the date stated above, at 3.20 P.M. m.

The principal cause of death and related causes of importance were as follows:

Died with a  
myocardial infarction  
(Bowling)

Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_  
 Where did injury occur? \_\_\_\_\_  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) [Signature], M. D.  
 527 (Address) Co. Hill 9th St.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**