

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

39473
Do not use this space.

1. PLACE OF DEATH: (a) County DeKalb Registration District No. 261
 (b) Township Washington Primary Registration District No. 5360B
 (c) City _____ (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 Robert Dewey Stephens
 (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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF DeWey Stephens
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23 1898
 7. AGE YEARS 41 MONTHS 2 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeKalb Co Mo.
 FATHER 13. NAME Benjamin C. Stephens
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 MOTHER 15. MAIDEN NAME Fannie Durbin
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 17. INFORMANT (ADDRESS) Mrs R. D. Stephens
Stewartville Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Osborn DATE Sept 24 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. E. Scudder
Stewartville
 20. FILED 9-23 1939 E. E. Scudder
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-27 1939
 22. I HEREBY CERTIFY, That I attended deceased from 9-18 1939 to 9-21 1939
 I last saw him alive on 9-21 1939. Death is said to have occurred on the date stated above, at 6 A. m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Thrombosis E Date of onset 9-17-39
Hemiplegia
Hypostatic pneumonia 9-21-39
 Other contributory causes of importance: 34
Lues (tertiary) undet.
Secondary Anemia undet.
 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? No
 If so, specify _____
 (Signed) John M. Cooper, M. D.
 (Address) Marionville, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

RECORDED
DICKINSON COUNTY, IOWA
DATE FILED 1239-1757
DEC 10 1939

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed F. G. Lyon
Licensed Embalmer No. 952
P. O. Address Stewartsville Mo

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, above space should be left blank.