. S. No. 2
OM—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 11 1948

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 113529

Registration District No. 254 Primary Registration District No. 5866 Registrar's No.

75
0
0

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

1. PLACE OF DEATH:
(a) County Oregon
(b) City or town Myrtle
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 37 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Oregon 75
(c) City or town Myrtle 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Albert Sidney Stephens
3. (b) If veteran, name war -- 3. (c) Social Security No. --
4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Mary A. Stephens 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased January (Month) 23 (Day) 1874 (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| | 74 | 1 | 27 | hr. min. |

9. Birthplace Owen County (City, town, or county) Kentucky (State or foreign country) 1
10. Usual occupation Retired Merchant
11. Industry or business
FATHER
12. Name Z. H. Stephens
13. Birthplace Kentucky (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name Nancy Hamon
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Mary A. Stephens
(b) Address Myrtle, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/48 (Month) (Day) (Year)
(c) Place: burial or cremation Myrtle Cem.
18. (a) Signature of funeral director Leland Carter
(b) Address Thayer, Mo.
19. (a) 4-20-48 (Date received local registrar) (b) Edith Crass (Registrar's signature) 5107

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 20
year 1948 hour 9 minute 50 A. M.
21. I hereby certify that I attended the deceased from March 19
1948 to 19
that I last saw him alive on 3/19 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation
Due to Chronic Pyelonephritis
Due to
Other conditions Uremia
(Include pregnancy within 3 months of death)
Major findings:
Of operations 1 3 36
Of autopsy

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Charles A. Taylor (M. D. or other)
Address Mammoth Spring Date signed 4/8/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5
District File Number 548291
Date Filed 5-8-48

## 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.....

Licensed Embalmer No.....

P. O. Address.....

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.