

FEDERAL SECURITY AGENCY
National Office of Vital StatisticsMISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

19133

State File No.

Registrar's No.

FILED JUL 6 1948

Registration District No.

Primary Registration District No.

4195

68

1. PLACE OF DEATH:

(a) County Gentry
(b) City or town Gentry
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 30 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Robert Orlin Stephens

3. (b) If veteran,

name war

3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Married
(b) Name of husband or wife Carrie Yager 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased August 31 1870
(Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 14 If less than one day
hr. min.

9. Birthplace Oversburg (City, town, or county) (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business

12. Name Joseph Stephens

13. Birthplace Gentry (City, town, or county) (State or foreign country)

14. Maiden name Frances White

15. Birthplace Gentry (City, town, or county) (State or foreign country)

16. (a) Informant Miss Orlin Stephens

(b) Address Gentry, Mo.

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 6-11-48
(Month) (Day) (Year)

(c) Place: burial or cremation Cherry Hill

18. (a) Signature of funeral director W. H. Brooks

(b) Address Albany, Mo.

June 24-48 (Date received local registrar) (Registrar's signature) W. H. Brooks

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Gentry 38
(c) City or town Gentry 0
(If outside city or town limits, write "RURAL")
(d) Street No. 1 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 1948 hour 2 minute 20 A. M.

21. I hereby certify that I attended the deceased from June 4th 1948 to June 14th 1948
that I last saw him alive on June 24th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death

Acute Pericardial Hemorrhage
Due to don't know

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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

23. Signature W. H. Brooks (M. D. or other)

Address Albany, Mo. Date signed June 14th 1948

DISTRICT HEALTH OFFICE
Cameron, Mo.

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

Signed.....

Licensed Embalmer No. 3329

P. O. Address Albany 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, fact should be so stated above.