

FILED JUN 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20423

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 256 PRIMARY REG. DIST. NO. 5879 Registrar's No. 5

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

1. PLACE OF DEATH a. COUNTY <u>OSAGE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>OSAGE</u>	
b. CITY OR TOWN <u>CHAMPOIS (RURAL)</u>		c. CITY OR TOWN <u>CHAMPOIS (RURAL)</u>	
c. LENGTH OF STAY (In this place) <u>45 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>BENTON Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AT HOME</u>			

3. NAME OF DECEASED (Type or Print) <u>Otto Ludwig STEPHAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-5-49</u>		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>11/14/1903</u>	9. AGE (In years last birthday) <u>45</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>21</u>	IF UNDER 1 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>CHAMPOIS, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>YES</u>	
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13a. FATHER'S NAME <u>Chas STEPHAN</u>	13b. MOTHER'S MAIDEN NAME <u>WILHELMINE GAUER</u>	14. NAME OF HUSBAND OR WIFE <u>-</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>EMILE STEPHEN, Champos, MO.</u>		ADDRESS <u>-</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suicide (By shot gun)</u>	DUPLICATE			
ANTECEDENT CAUSES	DUPLICATE			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUPLICATE			
DUPLICATE	DUPLICATE			
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.			<u>E 9776X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>AT HOME</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>CHAMPOIS, OSAGE MO.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>MAY 5th 1949 3:30 AM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Shot GUN</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased DEAD on 5/5, 1949, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Clyde Morton</u>	23b. ADDRESS <u>CORNER BOX 255, LINN, MO</u>	23c. DATE SIGNED <u>5/5/49</u>
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24a. BURIAL, CREMATION REMOVAL (Specify)	24b. DATE <u>5/7/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>DEER CREEK</u>	24d. LOCATION (City, town, or county) (State) <u>DEER CREEK, MO.</u>
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DATE REC'D BY LOCAL REG. <u>5/7-49</u>	REGISTRAR'S SIGNATURE <u>E. J. Boudier</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Starks</u>	ADDRESS <u>234</u>
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JUN 16 1979

Date Filed

District File Number

District Health Officer No. 9,

RECEIVED

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.

Student

Student Embalmer

Signed *Joseph J. Gordon*

Licensed Embalmer No. *1786*

P. O. Address *Jefferson City 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.