

No. 300
10. 48

FILED JUL 20 1949

THE DIVISION OF HEALTH OF MISSOURI

JUL 20 1949 STANDARD CERTIFICATE OF DEATH

State File No. 23872

BIRTH NO. 42834-49 REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5387 Registrar's No. 121

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

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY JASPER | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY JASPER | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JASPER | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JASPER | |
| c. LENGTH OF STAY (in this place) 2 days | | d. STREET ADDRESS (If rural, give location) 1 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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|---|-------------------------------|---|---|--|--|
| 3. NAME OF DECEASED (Type or Print) STEPHEN WAYNE BEMIS | | | 4. DATE OF DEATH (Month) (Day) (Year) July 9 1949 | | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED | 8. DATE OF BIRTH July 2, 1949 | | 9. AGE (In years last birthday) 2 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Mo. O | |
| | | | | 12. CITIZEN OF WHAT COUNTRY? U.S. | |

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|--|--|--|--|-----------------------------|--|
| 13a. FATHER'S NAME STERLING BEMIS | | 13b. MOTHER'S MAIDEN NAME MARJORIE TRUITT | | 14. NAME OF HUSBAND OR WIFE | |
|--|--|--|--|-----------------------------|--|

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|--|--|-------------------------|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME Sterling Bemis, Jasper, Mo. | |
| | | | | ADDRESS Mo. | |

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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory failure ANTECEDENT CAUSES congenital, actual cause unknown DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | INTERVAL BETWEEN ONSET AND DEATH 7730 |
|---|--|--|--|--|---|

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|---|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from July 7, 1949, to July 9, 1949, that I last saw the deceased alive on July 9, 1949, and that death occurred at 7:40 P.M., from the causes and on the date stated above.

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|---|--|---------------------------------|--|--|--|
| 23. SIGNATURE Darwin Magee, D.O. (Degree or title) | | 23b. ADDRESS Jasper, Mo. | | 23c. DATE SIGNED 7-9-49 | |
| 24a. BURIAL, CREMATION REMOVAL (Specify) Burial | | 24b. DATE July 30, 1949 | | 24c. NAME OF CEMETERY OR CREMATORY Breadloaf Cemetery | |
| | | | | 24d. LOCATION (City, town, or county) (State) Jasper, Mo. | |

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|---|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. July 11-1949 | | REGISTRAR'S SIGNATURE L. B. Clinton 139 | | 25. FUNERAL DIRECTOR'S SIGNATURE Sharp & Selvey ADDRESS Jasper, Mo. | |
| 26. (To be filled in by the Undertaker or Embalmer's Statement on Reverse Side) | | | | | |

RECEIVED 7-18-49

Jasper County Health Office

County File Number 49-7-549

Date Filed 7-19-49

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 _____

body not embalmed

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *Glen A. Gibbons*

Licensed Embalmer No. *4624*

P. O. Address *Jasper, 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.