

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 12 1949

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Macon</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Macon</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>1021 Pearl St 3<sub>2</sub></u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			
3. NAME OF DECEASED (Type or Print) (First) <u>Everett</u> (Middle) <u>C</u> (Last) <u>Stephen</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 22 1949</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 26 1886</u>
9. AGE (In years last birthday) <u>63</u>		10. MONTH (Day) (Year) <u>0 26</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Butcher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	
11. BIRTHPLACE (State or foreign country) <u>Newark, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John C. Stephen</u>		13b. MOTHER'S MAIDEN NAME <u>Mollie F. Abbott</u>	
14. NAME OF HUSBAND OR WIFE <u>Margaret Leah Stephen</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>554-30-4956</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Chester Stephen</u>		ADDRESS <u>Macon, Mo</u>	
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) <u>Coronary occlusion</u> ANTECEDENT CAUSES <u>due to Coronary Thrombosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>arteriosclerosis</u> DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>30 more years</u> II. OTHER SIGNIFICANT CONDITIONS <u>Occasional attacks of renal colic due to Calculi passing through ureter</u> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. 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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>H/201</u>			
22. I hereby certify that I attended the deceased from <u>July 19 49</u> , to <u>Aug 22, 1949</u> , that I last saw the deceased alive on <u>Aug 21, 1949</u> , and that death occurred at <u>6:10 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. P. Grossway MD</u>		23b. ADDRESS <u>Macon, Mo</u>	
23c. DATE SIGNED <u>8/24/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-25-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Stephens</u>		24d. LOCATION (City, town, or county) (State) <u>Newark Mo</u>	
DATE REC'D BY LOCAL REG. <u>8/31/49</u>		REGISTRAR'S SIGNATURE <u>Ruth McNeely</u>	
185		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stephens &amp; Gooding</u>	
		ADDRESS <u>Macon</u>	

RECEIVED SEP 7 1949  
District Health Officer No. 1  
District File Number 9-49-156  
Date Filed SEP 7 1949

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.

Signed.....  
Student Embalmer

Signed *C. L. Stephens*  
Licensed Embalmer No. *3057*  
P. O. Address *Marion, 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.