

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40396**

FILED JAN 10 1950

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **429**

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

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) Fulton		c. CITY (If outside corporate limits, write RURAL and give township) Stephens	
c. LENGTH OF STAY (If in this place) 5 Weeks		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Callaway County Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) MARION	b. (Middle) WALLACE	c. (Last) STEPHENS	4. DATE OF DEATH (Month) (Day) (Year) Dec. 31, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 23, 1873	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Days 4	IF UNDER 24 HRS. Hours 8	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (State or foreign country) Callaway County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Payton T. Stephens	13b. MOTHER'S MAIDEN NAME Elizabeth Jane Martin	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 P.M. Stephens, Stephens, Mo.	ADDRESS
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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, asthenia, 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) Cancer of Stomach		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.		151X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **9-10**, 19**49**, to **12/31, 1949**, that I last saw the deceased alive on **12/3/1949**, and that death occurred at **9:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Geo. F. Wood Jr.	(Degree or title)	23b. ADDRESS Fulton Mo.	23c. DATE SIGNED 1-3-50.
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 2, 1950	24c. NAME OF CEMETERY OR CREMATORY Old Cedar Cemetery	24d. LOCATION (City, town, or county) (State) Callaway County, Missouri.
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DATE REC'D BY LOCAL REG. Jan 4-1950	REGISTRAR'S SIGNATURE Martha Lawrence	426	25. FUNERAL DIRECTOR'S SIGNATURE Parker Funeral Services	ADDRESS Columbia Mo.
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RECEIVED
JAN 6 1950
District Health Officer No. 9,
District File Number

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 Chas L. Young

Licensed Embalmer No. 4132

P. O. Address Columbia, 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.