

FILED JAN 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43400

State File No.

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 12-2

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>SIKESTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>SIKESTON</u>	
c. LENGTH OF STAY: (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>Air Port add</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Air Port add - Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOSHUA</u>	b. (Middle) <u>NOBLE</u>	c. (Last) <u>STEPHENS</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>12-28-49</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAR 14 1883</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u>	11. BIRTHPLACE (State or foreign country) <u>WARRICK Co IND</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>ELIJAH STEPHENS</u>	13b. MOTHER'S MAIDEN NAME <u>MARY E. CARNAHAN</u>	14. NAME OF HUSBAND OR WIFE <u>May Stephens - Sikeston Mo</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Roy Stephens - Sikeston 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, ashenia, 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>Cerebral Hemorrhage</u>		
	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.		<u>931X</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)	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) m.	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 26 Dec, 1949, to Dec-28, 1949, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Benjamin L. McMissy, D.O.</u>	A (Degree or title)	23b. ADDRESS <u>Sikeston Mo</u>	23c. DATE SIGNED <u>12-30-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-30-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BOARDMAN CHAPEL</u>	24d. LOCATION (City, town, or county) (State) <u>SIKESTON Mo</u>
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DATE REC'D BY LOCAL REG. <u>Jan 3-50</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>	429	25. FUNERAL DIRECTOR'S SIGNATURE <u>Whelan Funeral Home Sikeston Mo</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 6 1950

RECEIVED JAN 9
District Health Office No
District File Number 150-6
Date Filed

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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.