

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 659

0310

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4165 Registrar's No. 5

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

1. PLACE OF DEATH a. COUNTY Daviess		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Daviess	
b. CITY (If outside corporate limits, write RURAL and give township) Gallatin		c. CITY (If outside corporate limits, write RURAL and give township) Gallatin 0310	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) ---	
d. FULL NAME OF HOSPITAL OR INSTITUTION ---			

3. NAME OF DECEASED (Type or Print) a. (First) Arthur b. (Middle) Markes c. (Last) Stephens			4. DATE OF DEATH (Month) (Day) (Year) Jan. 11 1950		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH March 26 1872			9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months 9 Days 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Dry Goods		11. BIRTHPLACE (State or foreign country) Buffalo Illinois	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Sanford Stephens		13b. MOTHER'S MAIDEN NAME Fannie Ficklin		14. NAME OF HUSBAND OR WIFE Florence Stephens	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 500-14-7867		17. INFORMANT'S SIGNATURE OR NAME Mrs. A. M. Stephens, Gallatin, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Esophageal hemorrhage Cancer ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Carcinoma of Esophagus, general metastasis DUE TO (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 30 min 3 yr 15 hr
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

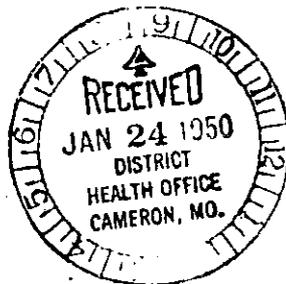
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **4 Jan**, 19**50** to **11 Jan**, 19**50**, that I last saw the deceased alive on **11 Jan**, 19**50**, and that death occurred at **10:15 pm**, from the causes and on the date stated above.

23a. SIGNATURE Virginia M. Engelhardt (Degree or title)		23b. ADDRESS Gallatin Mo		23c. DATE SIGNED 16 Jan 50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-13-1950		24c. NAME OF CEMETERY OR CREMATORY Brown Cemetery	
				24d. LOCATION (City, town, or county) (State) Gallatin, Mo.	

DATE REC'D BY LOCAL REG 19 Jan 1950		REGISTRAR'S SIGNATURE Virginia M. Engelhardt		25. FUNERAL DIRECTOR'S SIGNATURE Home Funeral Home	
				ADDRESS Gallatin, Mo.	



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

L. O. Richesson

Licensed Embalmer No. 3302

P. O. Address

Gallatin, 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.