

FILED JAN 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3528

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Marshall</u> <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>370 South Redman</u>		d. STREET ADDRESS (If rural, give location) <u>370 South Redman</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Ernie</u>	b. (Middle) <u>.....</u>	c. (Last) <u>Stephenson</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>Jan. 4th, 50</u>
-------------------------------------	-------------------------	--------------------------	-----------------------------	---------------------------------------	---------------------

5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 29, 1919</u>	9. AGE (In years last birthday) <u>30</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>6</u>	IF UNDER 4 HRS. Hours <u>---</u> Min. <u>---</u>
----------------------	-------------------------------	--	--------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work depending most of working life, even if retired) <u>Chicken Piker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Food Processor</u>	11. BIRTHPLACE (State or foreign country) <u>Maimi, Missouri,</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	---	--

13a. FATHER'S NAME <u>Ben, Cook</u>	13b. MOTHER'S MAIDEN NAME <u>Hannah Adams</u>	14. NAME OF HUSBAND OR WIFE <u>.....</u>
-------------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> <u>NO</u>	16. SOCIAL SECURITY NO. <u>487-16-1934</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Marshall</u> ADDRESS <u>MRS. Cynthia Gaines, 415 South Redman</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Angina Pectoris</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>du</u>		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>H2O</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)	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 Jan 4, 1950 to Jan 4, 1950 that I last saw the deceased alive on Jan 4, 1950 at 4301, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>	23b. ADDRESS <u>[Address]</u>	23c. DATE SIGNED <u>1/5/50</u>
---	-------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 8th 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery,</u>	24d. LOCATION (City, town, or county) (State) <u>Marshall, MO.</u>
---	--------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>Jan. 7-1950</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> 385	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>[Address]</u>
---	--	--

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

RECEIVED

JAN 16

JAN 20 1950

Sanitary Officer No. 8,

Dis. No. 7-18-5J

Date Filed

[Handwritten flourish]

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.....

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed

George H. [Signature]

Licensed Embalmer No.

4220

P. O. Address

Marshall St

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.