

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4549

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 173

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

I. PLACE OF DEATH a. COUNTY <u>GREENE</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u> c. LENGTH OF STAY (in this place) <u>54 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>907 SO. MISSOURI</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u> d. STREET ADDRESS (If rural, give location) <u>907 SO. MISSOURI</u>		
3. NAME OF DECEASED a. (First) <u>EFFIE</u> b. (Middle) <u>MINTLE</u> c. (Last) <u>STEPHENS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 25 1950</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>APRIL 14, 1879</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>70</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Greenwood County, Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>ALBERT HANSON</u>			
13b. MOTHER'S MAIDEN NAME <u>SARAH MINTLE</u>		14. NAME OF HUSBAND OR WIFE <u>ROBERT E. STEPHENS</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>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS CALVIN CAGE</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>MEDICAL CERTIFICATION</u>					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Caecum</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u> <u>1 year</u> <u>153X</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
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) 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 <u>June</u> , 19 <u>49</u> , to <u>Feb 25th</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Feb 24th</u> , 19 <u>50</u> ; and that death occurred at <u>4:30 A.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Name or title) <u>Paul O. Upham, M.D.</u>			23b. ADDRESS <u>Springfield, Mo</u>		
23c. DATE SIGNED <u>2-27-50</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-27-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HAZELWOOD</u>	
24d. LOCATION (City, town, or county) (State) <u>SPRINGFIELD MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>ALMA LOHMEYER</u>			
DATE REC'D BY LOCAL REG. <u>3-1-50</u>		ADDRESS <u>W. Handley W. ALMA LOHMEYER FUNERAL HOME</u> (Licensed Embalmer's Statement on Reverse Side) <u>SPRINGFIELD, MO</u>			

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

Julian R. Loach

Licensed Embalmer No. *4562*

P. O. Address

Springfield

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.