

FILED MAR 1 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5483

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <b>Moniteau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Moniteau</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>California</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural, Willow Fork</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Latham Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>2 Miles East Tipton</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Mamie</b>	b. (Middle) <b>Susan</b>	c. (Last) <b>Stephens</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>January, 31, 1950</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>November, 30, 1876</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (State or foreign country) <b>Tipton, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Charles Wood Stephens</b>	13b. MOTHER'S MAIDEN NAME <b>Matildia Hickman</b>	14. NAME OF HUSBAND OR WIFE <b>-----</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>C. T. Stephens (Brother)</b>	ADDRESS <b>Tipton Mo</b>
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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, asphyxia, 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) <b>Volvulus causing acute intestinal obstruction</b>		<b>2 weeks</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Acute Enteric Colitis</b>		<b>3 weeks</b>
DUE TO (c) <b>Peritonitis &amp; other post-operative complications and myocarditis</b>			<b>5711</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>1-18-50</b>	19b. MAJOR FINDINGS OF OPERATION <b>Volvulus with complete intestinal obstruction</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>-----</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>none</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>-----</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>-----</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>-----</b>

22. I hereby certify that I attended the deceased from **Jan 17, 1950**, to **Jan 31, 1950**, that I last saw the deceased alive on **Jan 31, 1950**, and that death occurred at **11:20 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>L. L. Latham</b> (Degree or title) <b>MO</b>	23b. ADDRESS <b>California MO</b>	23c. DATE SIGNED <b>2-1-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2/1/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Moreau Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Tipton Missouri</b>
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DATE REC'D BY LOCAL REG. <b>2-4-50</b>	REGISTRAR'S SIGNATURE <b>H. R. Popogoy</b>	FUNERAL DIRECTOR'S SIGNATURE <b>James E. Richards - Tipton MO</b>	ADDRESS <b>-----</b>
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(Licensed Embalmer - Statement on Reverse Side)

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

No. 300  
10. 48

5681

District File Number.....

District Health Officer No. ....

RECEIVED FEB 20 1950

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 *Jessie E. Richards*  
Licensed Embalmer No. *2464*  
P. O. Address *Lipton, Mo*

Signed.....  
Student Embalmer

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.