

FILED APR 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12129

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 116

| | | | |
|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Callaway</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Callaway</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Hulton</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Hulton</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hos #1</u> | | d. STREET ADDRESS (If rural, give location) | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Oren</u> b. (Middle) <u>D.</u> c. (Last) <u>STEPHENS</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 9 1950</u> | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u> | 8. DATE OF BIRTH <u>Nov 28 1881</u> |
| 9. AGE (In years last birthday) <u>68</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u> | 11. BIRTHPLACE (State or foreign country) <u>Stillwell Ill</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13a. FATHER'S NAME <u>John X Stephens</u> | | 13b. MOTHER'S MAIDEN NAME <u>Maria X Chenny</u> | 14. NAME OF HUSBAND OR WIFE <u>Mrs O B Stephens</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give year or date of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>State Hos Records Hulton Mo</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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PO pulmonary</u> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</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) (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 <u>3-31 1950</u> to <u>4-9 1950</u> that I last saw the deceased alive on <u>4-8 1950</u> , and that death occurred at <u>8:59</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>M. J. Miller</u> (Degree or title) | | 23b. ADDRESS <u>104 State Hos Hulton Mo</u> | 23c. DATE SIGNED <u>4-9-50</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>April-11-1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Union Hill Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>Callaway Co. Mo</u> |
| DATE REC'D BY LOCAL REG. <u>April 9-1950</u> | REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> | 424 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wallace Funeral Home</u> | ADDRESS <u>Hulton Mo</u> |

(Licensed Embalmer's Statement on Reverse Side)

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

0142
2

0142
1

002A

RECEIVED
APR 17 1950
District Health Officer No. 9,
District No. 100000

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 Embalmer No.

Signed Denise C. Browning

Signed.....
Student Embalmer

Licensed Embalmer No. 2724

P. O. Address Fulton Md

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.