

FILED OCT 9 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29648

BIRTH NO. 56296-50 REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5164 Registrar's No. 216

1. PLACE OF DEATH a. COUNTY <i>Callaway</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Callaway</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Fulton</i>		c. LENGTH OF STAY (in this place) <i>30 min</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>R#1 Fulton</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Fulton</i>	
		d. STREET ADDRESS (If rural, give location) <i>R#1 Fulton Mo</i>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
<i>(Premature) Stephens</i>			<i>9-24-1950</i>		
5. SEX <i>MA</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <i>single</i>	8. DATE OF BIRTH <i>9-24-1950</i>	9. AGE (in years last birthday)	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>Infant</i>	11. BIRTHPLACE (State or foreign country) <i>R#1 Fulton Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>US</i>	

13a. FATHER'S NAME <i>Walter A. Stephens</i>	13b. MOTHER'S MAIDEN NAME <i>Helen Paschke</i>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs Helen Stephens</i>	ADDRESS <i>R1 Fulton Mo</i>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>30 min</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Premature birth</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.  DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<i>774X</i>
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)	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 *9-24*, 19*50*, to *9-24*, 19*50*, that I last saw the deceased alive on *9-24*, 19*50*, and that death occurred at *1:40* p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>W. D. Payne</i>	(Degree or title) <i>D. M. D.</i>	23b. ADDRESS <i>Rt 6 Fulton Mo</i>	23c. DATE SIGNED <i>9-24-1950</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>	24b. DATE <i>9/24/1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Hillcrest</i>	24d. LOCATION (City, town, or county) (State) <i>Fulton Mo</i>

DATE REC'D BY LOCAL REG. <i>Sept. 24, 1950</i>	REGISTRAR'S SIGNATURE <i>Maritta Laurena by RCM</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Maxie's Funeral Home</i>	ADDRESS <i>Fulton Mo</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

40  
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File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

OCT - 2 1950

RECEIVED

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

*Walter J. Haines, Jr.*

Licensed Embalmer No.

*4557*

P. O. Address

*Fulton, ms.*

BODY WAS NOT EMBALMED

*v/*

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.