No. 300
10-48

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

FILED AUG 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26643

BIRTH NO. 21504-51 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 718

1. PLACE OF DEATH
a. COUNTY: GREENE 1396
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SPRINGFIELD
c. LENGTH OF STAY (in this place): /
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 907 S. DOLLISON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: GREENE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SPRINGFIELD 0396
d. STREET ADDRESS (If rural, give location): 907 S. DOLLISON 0

3. NAME OF DECEASED (Type or Print)
a. (First): DAVID
b. (Middle): LANCE
c. (Last): STEPHENS

4. DATE OF DEATH (Month) (Day) (Year): AUG. 22 1951

5. SEX: MALE 0

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE //

8. DATE OF BIRTH: APRIL 21 1951

9. AGE (In years last birthday): 0 — If under 1 year: Months 4, Days 1 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT

10b. KIND OF BUSINESS OR INDUSTRY: INFANT

11. BIRTHPLACE (State or foreign country): MISSOURI 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: RALPH STEPHENS

13b. MOTHER'S MAIDEN NAME: DOROTHY RANEY

14. NAME OF HUSBAND OR WIFE: SINGLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: NO

17. INFORMANT'S SIGNATURE OR NAME: RALPH STEPHENS — ADDRESS: SPRINGFIELD, MO.

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) Broncho Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cretinism (Cretin) — 4 mo
DUE TO (c)

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: 253 X

20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JULY 13 1951, *to* AUG. 22, 1951, *that I last saw the deceased alive on* AUG 22 1951, *and that death occurred at* 3:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. H. Buckley M.D.

23b. ADDRESS: 410 Woodruff Bldg

23c. DATE SIGNED: 8/23/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8-24-51

24c. NAME OF CEMETERY OR CREMATORY: Hazelwood Cemetery

24d. LOCATION (City, town, or county) (State): Springfield Mo.

DATE REC'D BY LOCAL REG.: 8-24-51

REGISTRAR'S SIGNATURE: W. E. Handley M.D.

25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: J. W. Klingner & Co. Spgfd. M. B.

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Signed _____
Student Embalmer

Licensed Embalmer No. 4071 L-

P. O. Address _____

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.