No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31880

FILED OCT 10 1951

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8634

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS, MO
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): BARNES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pulaski
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dixon 0850
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print)
a. (First): FRANK
b. (Middle): ROBERT
c. (Last): STEPHENSON

4. DATE OF DEATH (Month): 9 (Day): 28 (Year): 51

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct 21.1894

9. AGE (In years last birthday): 56
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Dixon Mo 0

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: George Stephenson

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Zelma Stephenson

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

16. SOCIAL SECURITY NO.: Unk

17. INFORMANT'S SIGNATURE OR NAME: George Stephenson
ADDRESS: 8007 Titus

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) HEART FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 18 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) EMPYEMA WITH PULMONARY FIBROSIS — 30 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. EMPHYSEMA

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] 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? 525X

22. *I hereby certify that I attended the deceased from* 9/27, 19 51, *to* 9/28, 19 51, *that I last saw the deceased alive on* 9/28, 19 51, *and that death occurred at* 11:35 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: F R Bradley (Degree or title) MD. 0

23b. ADDRESS: BARNES HOSPITAL

23c. DATE SIGNED: 9/28/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 4

24b. DATE: 9-29-51

24c. NAME OF CEMETERY OR CREMATORY

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

DATE REC'D BY LOCAL REG. SEP 29 1951

REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. G.R.

25. FUNERAL DIRECTOR'S SIGNATURE: Albert H. Hoppe
ADDRESS: 4700 Washington

(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.

Student .....
Student Embalmer

Signed John L. Denne

Licensed Embalmer No. 4194

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.