

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

32251

State File No.

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 176

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give town) Marshall, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Marshall	
c. LENGTH OF STAY (in this place) 6Yrs.		d. STREET ADDRESS (If rural, give location) 542 East Yerby	
d. FULL NAME OF HOSPITAL OR INSTITUTION 542 East Yerby			

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Edward c. (Last) Stephens			4. DATE OF DEATH (Month) (Day) (Year) Sept. 14-1951		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Sept. 30-1883		9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months 11 Days 14	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Clerk-Hardware Dept.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Herndon-Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME James H. Stephens		13b. MOTHER'S MAIDEN NAME Annie R. Fenwick		14. NAME OF HUSBAND OR WIFE Willie E. Stephens	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 491-07-4738		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. George Stephens-Marshall, 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/>			
		DUE TO (c) <input checked="" type="checkbox"/>			
		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		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) Marshall Saline Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Sept 14, 1951 to Sept 14, 1951, that I last saw the deceased alive on Sept 14, 1951, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE J. R. Lurine M.D. (Degree or title)		23b. ADDRESS Marshall, Mo		23c. DATE SIGNED Sept 15-51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 15/16/51		24c. NAME OF CEMETERY OR CREMATORY Memorial Cemetery Sedalia, Missouri	
24d. LOCATION (City, town, or county) (State)					

DATE REC'D BY LOCAL REG. Sept 15-1951		REGISTRAR'S SIGNATURE Clidney S Gray		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. Lealie Swearingn - Marshall, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

10972

0972

RECEIVED 9-17-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 9-17-51

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

J. Leslie Perry

Licensed Embalmer No. 3235

P. O. Address Marshall, Mo

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.