

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20174**

BIRTH NO. 1419		REG. DIST. NO. 128	PRIMARY REG. DIST. NO. 2000	Registrar's No. 569
1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Stone		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Halena, RURAL		
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital		d. STREET ADDRESS (If rural, give location) RR 2		
3. NAME OF DECEASED (Type or Print) a. (First) Adrian b. (Middle) Gene c. (Last) Stephens		4. DATE OF DEATH (Month) (Day) (Year) JUNE 12, 1952		
5. SEX 0 male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Feb 2, 1952	9. AGE (In years last birthday) 4 IF UNDER 1 YEAR: Months 8 Days 8 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Springfield, Mo
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Homee Lee Stephens		
13b. MOTHER'S MAIDEN NAME Neva Dean Tenneson		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Miss Rose Brown 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dyspepsia, Acidosis INTERVAL BETWEEN ONSET AND DEATH 2d ANTECEDENT CAUSES Dyspepsia DUE TO (b) Dyspepsia 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		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 6-11, 1952 , to 6-12, 1952 , that I last saw the deceased alive on 6-12, 1952 , and that death occurred at 8:15 m., from the causes and on the date stated above.				
23a. SIGNATURE Arthur Beech (Degree or title) M.D.		23b. ADDRESS 609 Cherry Springfield, Mo		23c. DATE SIGNED 6-12-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 13-52		24c. NAME OF CEMETERY OR CREMATORY Eisenham Cemetery
24d. LOCATION (City, town, or county) (State) Halena Mo RR 2		25. FUNERAL DIRECTOR'S SIGNATURE Ernest J. Cheatham ADDRESS Halena, Mo		
DATE REC'D BY LOCAL REG. 6-12-52		REGISTRAR'S SIGNATURE Edith Wilkinson Registrar		

(Licensed Embalmer's Statement on Reverse Side)

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

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FILED JUN 16 1952

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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.

Signed.....
Student Embalmer

Student embalmer No.....
Signed Evelyn J. Cheatham
Licensed Embalmer No. 3870
P. O. Address Galena 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.