S. No. 300
v. 10.48

FILED OCT 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32395

BIRTH NO. – REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 228

742
0

1. PLACE OF DEATH
a. COUNTY: Nodaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maryville
c. LENGTH OF STAY (in this place): 2 WKS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Nodaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maryville - rural 0740
d. STREET ADDRESS (If rural, give location): 4 miles west

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

4. DATE OF DEATH (Month): 10 (Day): 3 (Year): 52

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: 5/25/53

9. AGE (In years last birthday): 99
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): unknown

10b. KIND OF BUSINESS OR INDUSTRY: unknown

11. BIRTHPLACE (State or foreign country): Spencer, Indiana /

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Harvey Stephens

13b. MOTHER'S MAIDEN NAME: Malinda Browning

14. NAME OF HUSBAND OR WIFE: dec. Henrietta Morton Stephens

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.: none

17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: County Farm - Maryville, 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): Fracture of hip - Shock — INTERVAL BETWEEN ONSET AND DEATH: 16 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): senility — 20 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS: arteriosclerosis — 30 yrs
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 074 E9030 20
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): county Home
21c. (CITY, TOWN, OR TOWNSHIP): Polk Twp (COUNTY): Nodaway (STATE): Mo

21d. TIME OF INJURY (Month): 9 (Day): 18 (Year): 52 (Hour): 2 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: fall on Porch

22. *I hereby certify that I attended the deceased from* 5-21-, 1949, *to* Oct. 3, 1952, *that I last saw the deceased alive on* Oct 3-, 1952, *and that death occurred at* 9:40A *m., from the causes and on the date stated above.*

23a. SIGNATURE: L A Dean 0 (Degree or title): M. D.
23b. ADDRESS: Maryville, Missouri
23c. DATE SIGNED: 10-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial 0
24b. DATE: 10/6/52
24c. NAME OF CEMETERY OR CREMATORY: White Oak
24d. LOCATION (City, town, or county) (State): Pickering, Missouri

DATE REC'D BY LOCAL REG.: 10-11-52
REGISTRAR'S SIGNATURE: Beas
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Price Funeral Home, Maryville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Student Embalmer No.....

Signed John W. Price

Signed.....
Student Embalmer

Licensed Embalmer No. 4281

P. O. Address Maryville 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.