

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34788**  
Registrar's No. **35**

FILED NOV 10 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023**

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

1. PLACE OF DEATH a. COUNTY <b>Henry</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Henry</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clinton</b>		c. LENGTH OF STAY (In this place) <b>3yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ladue</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Moore Nursing Home</b>			d. STREET ADDRESS (If rural, give location) <b>none</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Samuel Stephens</b> b. (Middle) _____ c. (Last) <b>Stephens</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 23, 52</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Mar. 6 1870</b>		9. AGE (In years last birthday) <b>82</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Scott County Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>GEORGE W. STEPHENS</b>		13b. MOTHER'S MAIDEN NAME <b>Riley</b>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Clarence L. Stephens</b> ADDRESS <b>Yuba City Calif.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Pulmonary sepsis</b> ANTECEDENT CAUSES <b>Due to (b) Bronchiectasis</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> <b>Due to (c) Myocardial degeneration</b> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <b>About 4 yrs</b> <b>About 4 yrs</b> <b>about 6 wks</b>
19a. DATE OF OPERATION <b>none</b>	19b. MAJOR FINDINGS OF OPERATION <b>52.6 X</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>	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 <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 <b>Nov 1, 1948</b> , to <b>Oct 23, 1952</b> , that I last saw the deceased alive on <b>Oct 22, 1952</b> , and that death occurred at <b>10 A m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>S. B. Hughes M.D.</b>			23b. ADDRESS <b>Clinton Mo.</b>		23c. DATE SIGNED <b>10/26/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct. 26, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bear Creek Cemetery</b>	24d. LOCATION (City, town, or county) <b>Henry County</b> (State) <b>Mo.</b>		
DATE REC'D BY LOCAL REG. <b>Nov-1-52</b>	REGISTRAR'S SIGNATURE <b>Florence Adair</b>	EMERALD SIGNATURE <b>W. J. Wilkinson</b>	ADDRESS <b>Clinton</b>		

**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 Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton, N.C.

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.