

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42805

LED JAN 13 1953

BIRTH NO.		REG. DIST. NO. 200		PRIMARY REG. DIST. NO. 3041		Registrar's No. 129		
1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Macon</u>)		c. LENGTH OF STAY (in this place) <u>Lifetime</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Macon</u>		1611		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>123 Duff</u>				d. STREET ADDRESS (If rural, give location) <u>123 Duff</u>				
3. NAME OF DECEASED (Type or Print)			a. (First) <u>William</u> b. (Middle) <u>Woodrow</u> c. (Last) <u>Stephens</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 20 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Oct. 10, 1912</u>		9. AGE (In years last birthday) <u>40</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Atlanta Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>C. Lloyd Stephens</u>			13b. MOTHER'S MAIDEN NAME <u>Alta Lannigan</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Alta Stephens</u>		ADDRESS <u>Macon, Mo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary hemorrhage</u>					<u>8 mo.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Epidemioid Ca. of bronchus</u>						
		DUE TO (b) _____ DUE TO (c) _____						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>162X</u>						
19a. DATE OF OPERATION <u>26 Oct. 52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Biopsy revealed epidemioid Ca.</u>					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 <u>29 Sept</u> , 19 <u>52</u> , to <u>19 Dec</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>19 Dec</u> , 19 <u>52</u> and that death occurred at <u>500 A. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Edward H. Johnson M.D.</u>				23b. ADDRESS <u>Macon, Mo.</u>		23c. DATE SIGNED <u>22 Dec 52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 22, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Macon, Mo</u>			
DATE REC'D BY LOCAL REG. <u>12/30/52</u>		REGISTRAR'S SIGNATURE <u>Ruth Mcnealy</u> 185-1		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lester Hutton</u> ADDRESS <u>Macon, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 1 1953

RECEIVED 1-6-53
MACON COUNTY HEALTH DEPARTMENT
County File No. 1-53,10
Date Filed 1-9-53

JAN 1 1953

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 Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon 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.