No. 200
10.48

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

FILED JUN 2 - 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18684

BIRTH NO. 184 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 2047 Registrar's No. 88

1. PLACE OF DEATH
a. COUNTY: MADISON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FREDERICKTOWN
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 406 E. FRANKLIN

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MADISON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FREDERICKTOWN 0621
d. STREET ADDRESS (If rural, give location): 406 E. FRANKLIN

3. NAME OF DECEASED (Type or Print): a. (First) JOSEPH b. (Middle) — c. (Last) STEPHENS
4. DATE OF DEATH (Month) (Day) (Year): MAY 20, 1953
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, ~~NEVER MARRIED, WIDOWED, DIVORCED~~ (Specify): MARRIED
8. DATE OF BIRTH: SEPT. 6, 1884
9. AGE (In years last birthday): 68 IF UNDER 1 YEAR Months: 8 Days: 14 IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERK + MERCHANT
10b. KIND OF BUSINESS OR INDUSTRY: GEN. MDSE.
11. BIRTHPLACE (State or foreign country): MADISON COUNTY, MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: THOMAS V. STEPHENS
13b. MOTHER'S MAIDEN NAME: ELLEN BURNS
14. NAME OF ~~HUSBAND~~ OR WIFE: NELLIE 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: NELLIE STEPHENS ADDRESS: FREDERICKTOWN, MO.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Essential hypertension — Unknown

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: 331 x
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 5, 1953, *to* May 20, 1953, *that I last saw the deceased alive on* May 19, 1953, *and that death occurred at* 1:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. W. Vellyene (Degree or title) D.O.
23b. ADDRESS: Fredericktown Mo
23c. DATE SIGNED: 5/21/53

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): BURIAL
24b. DATE: MAY 22, 1953
24c. NAME OF CEMETERY ~~OR CREMATORY~~: I.O.O.F. CEMETERY
24d. LOCATION (City, town, or county) (State): MADISON COUNTY, MO.

DATE REC'D BY LOCAL REG.: 5-25-1953
REGISTRAR'S SIGNATURE: Florence Hicks
25. FUNERAL DIRECTOR'S SIGNATURE: L. H. Adamson ADDRESS: FREDERICKTOWN, MO.

(Licensed Embalmer's Statement on Reverse Side)

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.
RECEIVED
JUN 1 - 1953
FILE No. 653-28

JUN 3 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 Raymond Wilson

Licensed Embalmer No. 4884

P. O. Address Fredericktown, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.