

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20565**

FILED MAY 25 1953

BIRTH NO. _____ REG. DIST. NO. **378** PRIMARY REG. DIST. NO. **6295** Registrar's No. **33**

1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Havel	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Mountain Grove		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mountaineer 0461	
d. FULL NAME OF HOSPITAL OR INSTITUTION Between Mt. Grove Road		d. STREET ADDRESS (If rural, give location) 906 Broadway	

3. NAME OF DECEASED (Type or Print) a. (First) Lavelle b. (Middle) Florene c. (Last) Stephens			4. DATE OF DEATH (Month) (Day) (Year) 5-12-53		
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED M	8. DATE OF BIRTH 11/15-1924	9. AGE (In years last birthday) 28	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY ✓		11. BIRTHPLACE (State or foreign country) Meady, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Nerschael Gibson		13b. MOTHER'S MAIDEN NAME Kora Meady		13c. NAME OF HUSBAND OR WIFE Carroll Stephens	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) ✓		16. SOCIAL SECURITY NO. 70		17. INFORMANT'S SIGNATURE OR NAME ADDRESS H. Gibson, Meady, Mo	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Auto Accident					
		*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					
		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"/>	
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21a. ACCIDENT (Specify) SHOULDER HONICIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Highway 63 near Mt. Grove		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Shovel Co Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5 11 53 7Pm.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **11:19 P.M.**, 19**53**, that I last saw the deceased alive on **never**, 19**53**, and that death occurred at **1:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE D. A. Ames, M.D. Board Registrar (Degree or title)		23b. ADDRESS Mountain Grove Mo		23c. DATE SIGNED 5-16-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) B		24b. DATE 5/12-53		24c. NAME OF CEMETERY OR CREMATORY Meady		24d. LOCATION (City, town, or county) (State) Meady Mo	
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DATE REC'D BY LOCAL REG. 5-15-53		REGISTRAR'S SIGNATURE A. B. Ames		FUNERAL DIRECTOR'S SIGNATURE Faberlow		ADDRESS Meady Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

County File Number 5-23-53
Date Filed 5-23-53

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

D. J. Roberts

Licensed Embalmer No. 3127

P. O. Address West Plains, 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.