

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **24325**

No. 10.48

AUG 10 1953

REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 5409 Registrar's No. 43

340

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

1. PLACE OF DEATH a. COUNTY <b>Douglas</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Douglas</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ava, R, Miller</b>		c. LENGTH OF STAY (in this place) <b>0340</b>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ava, Rural, Miller</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		4. DATE OF DEATH (Month) (Day) (Year) <b>7-7-53</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ruben</b>		b. (Middle) <b>K.</b>	
c. (Last) <b>Stephens</b>		5. SEX <b>Male</b>	
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>6-1-75</b>		9. AGE (In years last birthday) <b>78</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own farm</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Hartville, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Ira Pruitt Stephens</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Jane Strong</b>	
14. NAME OF HUSBAND OR WIFE <b>Josephine Stephens</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Doris Stephens</b> ADDRESS <b>Ava, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Dropsy</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 weeks</b>	
ANTECEDENT CAUSES		DUE TO (b) <b>Congestive Heart Failure</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS, Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4341</b>	
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) (Min.)	
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>6-10-1953</b> , to <b>7-7-1953</b> , that I last saw the deceased alive on <b>7-7-1953</b> , and that death occurred at <b>8:55P</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Doris Stephens</b>		23b. ADDRESS <b>Box 415 Ava, Mo.</b>	
23c. DATE SIGNED <b>July 14/53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>7-10-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Prarie Hollow</b>	
24d. LOCATION (City, town, or county) (State) <b>Ava, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Clinkingbeard</b> ADDRESS <b>Funeral Home, Ava, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Aug. 7-53</b>		REGISTRAR'S SIGNATURE <b>Vestal Bushman</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

*Lyle B. Clinkingbeard*

Licensed Embalmer No. 4830

P. O. Address Avon, 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.