

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

31600

State File No.

FILED SEP 21 1953

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 5489 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY <u>HARRISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>HARRISON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - Sugar Creek Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - Sugar Creek Twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0410</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u> b. (Middle) <u>EARL</u> c. (Last) <u>STEPHENS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9</u> <u>16</u> <u>1953</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, <u>WIDOWED</u> , DIVORCED (Specify)	8. DATE OF BIRTH <u>2-8-1896</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>LIVINGSTON Co. Mo</u>
13a. FATHER'S NAME <u>GEORGE STEPHENS</u>		13b. MOTHER'S MAIDEN NAME <u>ANNIE WARNER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>500-07-898</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		17. INFORMANT'S SIGNATURE OR NAME <u>MAE STEPHENS Gimmick</u> ADDRESS <u>Gimmick</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Heart Failure</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.		21f. HOW DID INJURY OCCUR? <u>Had History of Heart Disease</u>	
23a. SIGNATURE <u>Joseph I. Marshall</u> (Degree or title) <u>D. C. Crowder</u>		23b. ADDRESS <u>1608 Main St. Belling, Mo. Harrison County</u>	
24a. BURNAL, CREMATION, REMOVAL (Specify) <u>Burnal</u>		24b. DATE <u>9-18-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mt Pleasant Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Livingston Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9/19/53</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Noyl E Williams</u> ADDRESS <u>Gimmick</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

myself

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Ray E. Williams

Licensed Embalmer No. *4882*

P. O. Address *Helena City*

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.