

3. No. 300
EV. 10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43982

FILED JAN 14 1954

State File No. _____

09 02

BIRTH NO. _____ REG. DIST. NO. 299 PRIMARY REG. DIST. NO. 6026 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>REYNOLDS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Reynolds</u>	
b. CITY OR TOWN <u>LESTERVILLE</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>LESTERVILLE</u>	d. STREET ADDRESS (If rural, give location) <u>0900</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Steven</u> b. (Middle) <u>Schuyler</u> c. (Last) <u>Stephenson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 10 1953</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 18 1869</u>
9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>minister</u>	11. BIRTHPLACE (State or foreign country) <u>Ohio</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Preaching</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Geo. Stephenson</u>	13b. MOTHER'S MAIDEN NAME <u>Ruth Hall</u>	14. NAME OF HUSBAND OR WIFE <u>Elroy Minor</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Elroy Stephenson</u> ADDRESS _____

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Valvular insufficiency</u>		<u>unknown</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Operation for Bladder condition</u> DUE TO (c) <u>(non malignant growth)</u>		<u>unknown</u>
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"/>
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 <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 July 10, 1953, to Sept 10, 1953, that I last saw the deceased alive on Sept 10, 1953, and that death occurred at 10:08 m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. M. Stephenson MD</u> (Degree or title)	23b. ADDRESS <u>Lester ville Mo</u>	23c. DATE SIGNED <u>9/30/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/4/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonic</u>
24d. LOCATION (City, town, or county) (State) <u>Lester ville Mo</u>		

DATE REC'D BY LOCAL REG. <u>11/2/53</u>	REGISTRAR'S SIGNATURE <u>E. M. Stephenson</u>	275	25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home</u> ADDRESS <u>_____ Mo</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

Received 1-12-54

Reynolds County Health Center

File No. 154 - 9

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.....

Licensed Embalmer No.....

P. O. Address.....

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.