

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **855**

FILED JAN 25 1954

BIRTH NO. _____		REG. DIST. NO. <u>120</u>		PRIMARY REG. DIST. NO. <u>5446</u>		Registrar's No. <u>20</u>	
1. PLACE OF DEATH a. COUNTY <u>Gentry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Gentry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cooper Twp</u>		c. LENGTH OF STAY (In this place) <u>42 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cooper Twp.</u>		0280	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S. W. Of Stanberry 4 miles</u>				d. STREET ADDRESS <u>S. W. Of Stanberry 4 miles</u>			
3. NAME OF DECEASED (Type or Print) <u>Mr. William Thomas Stephenson</u>			4. DATE OF DEATH <u>Jan 17 1954</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>June 26 1870</u>	
9. AGE (In years last birthday) <u>83</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Near Stanberry, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>		13a. FATHER'S NAME <u>Richard Stephenson</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Walkup</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Fannie Stephen son</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Fannie Stephenson Stanberry Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>Hypertensive Cardiovascular disease</u> rise to the above cause (a) stating the underlying cause last. 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				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)		443 X	
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 <u>Jan 11, 1954</u> , to <u>Jan 17, 1954</u> , that I last saw the deceased alive on <u>Jan 17, 1954</u> , and that death occurred at <u>3:10 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Robert C. Blunke M.D.</u>				23b. ADDRESS <u>Maryville Mo.</u>		23c. DATE SIGNED <u>Jan 17 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>1/19/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>High Ridge Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Stanberry Gentry Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 8 1954</u>		REGISTRAR'S SIGNATURE <u>Maudie Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Atty G. Phillips</u>		ADDRESS <u>Stanberry Mo.</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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 1898

P. O. Address Stoughton, Mass.

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.