

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10853

State File No.

No. 300
10.48

BIRTH **FILED MAR 16 1954** REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **39**

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Saline | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall | |
| c. LENGTH OF STAY (in this place) 8 years | | d. STREET ADDRESS (If rural, give location) 453 South Benton | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 453 South Benton | | d. STREET ADDRESS 453 South Benton | |

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|---|-------------------------------|---|---|--|-------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Ousiner c. (Last) Stephenson | | | 4. DATE OF DEATH (Month) (Day) (Year) March 10th, 1954 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH June 8th, 1881 | 9. AGE (In years last birthday) 72 | IF UNDER 1 YEAR Days 9 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor | | 10b. KIND OF BUSINESS OR INDUSTRY Excavating | 11. BIRTHPLACE (State or foreign country) Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |

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|--|--|---|--|---|--|
| 13a. FATHER'S NAME Mark Stephenson | | 13b. MOTHER'S MAIDEN NAME Alabam Frazier | | 14. NAME OF HUSBAND OR WIFE Elizabeth J. Stephenson | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No | | 16. SOCIAL SECURITY NO. 499-09-7580 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Wm. O. Stephenson, Marshall, 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 3 yrs. |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric Carcinoma | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (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. | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|--|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 151 X | | 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 **3-9-**, 19**54** to **3-10-**, 19**54** that I last saw the deceased alive on **3-10-**, 19**54**, and that death occurred at **6-30P** m., from the causes and on the date stated above.

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|---|--|---|--|--|--|
| 23a. SIGNATURE (Degree or title) A. G. Putnam M.D. | | 23b. ADDRESS Marshall Mo | | 23c. DATE SIGNED 3-11-54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE March 12, 1954 | | 24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Gardens, Marshall, Mo. | |
| 24d. LOCATION (City, town, or county) (State) | | 24e. FUNERAL DIRECTOR'S SIGNATURE Campbell-Lewis | | 24f. ADDRESS Marshall, Mo. | |

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|---|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. 3-11-1954 | | REGISTRAR'S SIGNATURE Sidney F. Gray 385 | | 25. FUNERAL DIRECTOR'S SIGNATURE Campbell-Lewis | |
| | | | | ADDRESS Marshall, Mo. | |

(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

Bill Campbell Jr.

Licensed Embalmer No. *34690*

P. O. Address *Marshall, 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.