

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11217**

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 4048 Registrar's No. 112

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Boone</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Rocheport</u> |  | c. CITY OR TOWN <u>Rocheport</u>  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rocheport</u>                              |  | e. STREET ADDRESS (If rural, give location) <u>0100</u>   |   |

|  |                               |   |                                       |  |   |
|--|-------------------------------|---|---------------------------------------|--|---|
| 3. NAME OF DECEASED (Type or Print)  |                               |   | 4. DATE OF DEATH (Month) (Day) (Year) |  |   |
| a. (First) <u>ABSOLOM</u>  | b. (Middle) <u>FRANK</u>      | c. (Last) <u>STEPHENS</u>   | <u>April 19, 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>Aug. 22, 1881</u> | 9. AGE (In years last birthday) <u>72</u>                                      | IF UNDER 1 YEAR: Hours _____ Days _____ IF UNDER 24 HRS. _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Laborer</u> |                               | 10b. KIND OF BUSINESS OR INDUSTRY _____                               |                                       | 11. BIRTHPLACE (City and State or Foreign Country) <u>Montgomery City, Mo.</u> |   |
| 13a. FATHER'S NAME <u>Frank Stephens</u>   |                               | 13b. MOTHER'S MAIDEN NAME <u>Maggie Jeffries</u>                      |                                       | 14. NAME OF HUSBAND OR WIFE <u>Lula Nauser Stephens</u>                        |   |

|  |                               |   |  |
|--|-------------------------------|---|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) _____ | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lula Stephens, Rocheport, Mo.</u> ADDRESS _____ |  |
|--|-------------------------------|---|--|

|   |  |  |  |                |
|---|--|--|--|----------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac decompensation</u>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>4 weeks</u>                               |                |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>arteriosclerotic ht disease</u> |  |  | <u>5 years</u> |
|   | DUE TO (c) <u>pulmonary emphysema</u>  |  |  | <u>5 years</u> |
| 11. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |  |                |
| 19a. DATE OF OPERATION _____  | 19b. MAJOR FINDINGS OF OPERATION <u>4/200</u>  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |                |

|   |   |  |
|---|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____                    | 21c. (CITY, TOWN, OR TOWNSHIP) <u>Boone</u> (COUNTY) _____ (STATE) _____ |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____   | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____   |

22. I hereby certify that I attended the deceased from July 1950, to April 1954, that I last saw the deceased alive on April 17, 1954 and that death occurred at 5:15 p. m., from the causes and on the date stated above.

|   |   |  |
|---|---|--|
| 23a. SIGNATURE <u>Wm J. Shanley, Jr. MD</u> (Degree or title) _____ | 23b. ADDRESS <u>Lee Hosp, Fayette, Mo</u> | 23c. DATE SIGNED <u>4-21-54</u>                              |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>             | 24b. DATE <u>Apr. 21, 1954</u>            | 24c. NAME OF CEMETERY OR CREMATORY <u>Rocheport Cemetery</u> |
| 24d. LOCATION (City, town, or county) <u>Rocheport, Mo.</u>         |   | (State) _____  |

|   |   |   |               |
|---|---|---|---------------|
| DATE REC'D BY LOCAL REG. <u>Apr 21 1954</u> | REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u> | 25 FUNERAL DIRECTOR'S SIGNATURE <u>310 Parker Funeral Service, Columbia, Mo</u> | ADDRESS _____ |
|---|---|---|---------------|

MAY 18 1957

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.....  
Signature of Student Embalmer

Signed *Paul L. Harvey*.....

Licensed Embalmer No. *4112*

P. O. Address *Laurens, S.C.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.