

No. 300
10. 48

FILED AUG 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22480

State File No.

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 5292 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY CLAY	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL PLATTE		c. CITY (If outside corporate limits, write RURAL and give township) RURAL PLATTE TOWNSHIP	
c. LENGTH OF STAY (In this place) LIFETIME		d. STREET ADDRESS (If rural, give location) 5MI. NORTH EAST OF SMITHVILLE, MO.	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME			

3. NAME OF DECEASED (Type or Print) a. (First) ANDREW	b. (Middle) THOMAS	c. (Last) STEPHENSON	4. DATE OF DEATH (Month) (Day) (Year) AUG. 13, 1954
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 13, 1954	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months 9 Days 21	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER	10b. KIND OF BUSINESS OR INDUSTRY DAY LABORER	11. BIRTHPLACE (State or foreign country) CLAY COUNTY MO.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME CHARLES STEPHENSON	13b. MOTHER'S MAIDEN NAME MARY LEE BRADLEY	14. NAME OF HUSBAND OR WIFE ELSIE E. STEPHENSON
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 500-07-1165	17. INFORMANT'S SIGNATURE OR NAME SI STEPHENSON, SMITHVILLE, MO.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shot Gun wound Rt side of head.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) CLAY MO.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-3-'54 6: a. m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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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.

23a. SIGNATURE D. S. Pate m.d. (Oswego)	(Degree or title)	23b. ADDRESS North Kansas City Mo	23c. DATE SIGNED 8/13/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE AUG. 5, '54	24c. NAME OF CEMETERY OR CREMATORY PARADISE CEMETERY	24d. LOCATION (City, town, or county) (State) PARADISE, MO.
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DATE REC'D BY LOCAL REG. 8-5-54	REGISTRAR'S SIGNATURE Marguerite Hudgens	494	25. FUNERAL DIRECTOR'S SIGNATURE MCCOMAS FUNERAL HOME, SMITHVILLE MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

6000

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-----

working under my personal supervision.

Student Embalmer No.....

Signed.....*Donald W. Hanks*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *45-28*

P. O. Address *Smithville, 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.