

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31382

State File No.

FILED OCT 4 1954

BIRTH NO. REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 345

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY OR TOWN Sedalia, Mo.		c. CITY OR TOWN Sedalia	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) 210 W. 6th. St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Memorial Hospital			

3. NAME OF DECEASED (Type or Print) JOHN. T. Baugh Stephenson			4. DATE OF DEATH (Month) (Day) (Year) 9-27-54		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 22, 1875		9. AGE (In years last birthday) 79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Veterinarian		10b. KIND OF BUSINESS OR INDUSTRY Own	11. BIRTHPLACE (City and State or Foreign Country) Shelby Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jacob Stephenson		13b. MOTHER'S MAIDEN NAME Louisa Forsythe		14. NAME OF HUSBAND OR WIFE Jennie Stephenson (dec.)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Not known		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John R. Stephenson, Sedalia, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Empyema of the Gallbladder ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Chr. infection in the Gallbladder DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Arterio-Sclerosis <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Severe Secondary Anemia (Don't know)			INTERVAL BETWEEN ONSET AND DEATH 1 mo. 2-3 yrs? 5 yrs
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 9-3-, 1954 to 9-27-, 1954, that I last saw the deceased alive on 9-27-, 1954, and that death occurred at 4:55 Pm., from the causes and on the date stated above.

23a. SIGNATURE <i>Frank B. ... M.D.</i>		23b. ADDRESS Sedalia, Missouri		23c. DATE SIGNED 9-28-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/30/1954		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	
				24d. LOCATION (City, town, or county) (State) Sedalia, Mo.	

DATE REC'D BY LOCAL REG. 9-29-54		REGISTRAR'S SIGNATURE <i>Lavinia Coontz Deputy</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Seidbart Sedalia, Mo</i>	
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Licensed Embalmer's Statement on Reverse Side

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
GILLESPIE FUNERAL HOME

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 *Russell C. Maag*.....

Licensed Embalmer No. *4809*.....

P. O. Address *Sedalia,*.....

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.