

FILED NOV 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33430

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 5343 Registrar's No. 54-90

0290

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

1. PLACE OF DEATH a. COUNTY <u>Dade</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dade</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural North twp.</u>		c. LENGTH OF STAY (in this place) <u>54 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural North twp. 0290</u>		d. STREET ADDRESS (If rural, give location) <u>10 mi. N.W. of Greenfield</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10 mi. N.W. of Greenfield</u>			d. STREET ADDRESS (If rural, give location) <u>10 mi. N.W. of Greenfield</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cornelius</u> b. (Middle) <u>Franklin</u> c. (Last) <u>Stephens</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 4, 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Apr 21, 1866</u>	9. AGE (In years last birthday) <u>88</u>	10. MONTHS <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Francis Marion Stephens</u>		13b. MOTHER'S MAIDEN NAME <u>Miriam Eastham</u>		14. NAME OF HUSBAND OR WIFE <u>Amy M. Stephens</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. Albert Phillips, Rt #2, Lockwood, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart disease</u> ANTECEDENT CAUSES DUE TO (b) <u>Senility</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4341</u>				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) (Min.)	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>10-22-1954</u> to <u>11-3-1954</u> , that I last saw the deceased alive on <u>11-3-1954</u> , and that death occurred at <u>8:25 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>J. D. Comber, M.D.</u>			23b. ADDRESS <u>Lockwood, Mo.</u>		23c. DATE SIGNED <u>11-8-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 6, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Dade County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>11-8-54</u>	REGISTRAR'S SIGNATURE <u>J. C. Canada 478</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. Canada, Greenfield, Mo.</u>		

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

J. C. Canada

Licensed Embalmer No. *4196*

P. O. Address *Greenfield, 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.