No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 4 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41441

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 601

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JOPLIN
c. LENGTH OF STAY (in this place): 2 WEEKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): FREEMAN HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JASPER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL GALENA TWSP. 0490
d. STREET ADDRESS (If rural, give location): RT. 3, BOX 60, JOPLIN /

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIS
b. (Middle): WARREN
c. (Last): STEPHENS

4. DATE OF DEATH (Month) (Day) (Year): DEC. 16, 1954

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED /
8. DATE OF BIRTH: JAN. 3, 1889
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY: BUILDING CONTR.
11. BIRTHPLACE (State or foreign country): JOPLIN, MO. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: WILLIAM J. STEPHENS
13b. MOTHER'S MAIDEN NAME: ELIZA JOINER
14. NAME OF HUSBAND OR WIFE: JOSEPHINE BELLE STEPHENS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): UNK
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: MRS JOSEPHINE STEPHENS, RT 3, BOX 60

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) Uremia ~~Rectal Prolapse and Hernia~~ WA — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Nephritis — several years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Operation for Rectal Prolapse and Hernia — 8 days
Operation for eviseration — 4 day

19a. DATE OF OPERATION: 12-8-54 + 12-12-54
19b. MAJOR FINDINGS OF OPERATION: Rectal Prolaps and Hernia — Eviseration
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 578 X

22. *I hereby certify that I attended the deceased from* 11-30 *1954, to* 12-16, *1954, that I last saw the deceased alive on* 12-16, *1954, and that death occurred at* 8 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): V. Dale Alquist MD
23b. ADDRESS: Frisco Bldg Joplin MO
23c. DATE SIGNED: 12-20-54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 12-18-54
24c. NAME OF CEMETERY OR CREMATORY: MOUNT HOPE CEMETERY
24d. LOCATION (City, town, or county) (State): WEBB CITY, MISSOURI

DATE REC'D BY LOCAL REG.: 12-22-54
REGISTRAR'S SIGNATURE: Ed S. James 138 0 by Dolores Lampkins
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: STEVE PARKER MORTUARY, JOPLIN, MO.

(Licensed Embalmer's Statement on Reverse Side)

County File Number 54-12-1453
Date Filed JAN 3 - 1955

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 F. M. Jones

Signed .....
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin 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.