

FILED JAN 19 1955

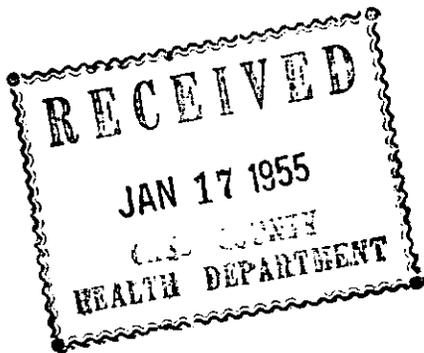
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **516**

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

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5217 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Austin Twp.</u>)		c. LENGTH OF STAY (In this place township) <u>7 Months</u>	c. CITY OR TOWN <u>Rural Grand River Twp.</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9 Miles S W Harrisonville, Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>7 Miles S W of Harrisonville</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Sebern</u> c. (Last) <u>Stephens</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 14 1955</u>	
5. SEX <u>Male</u> 0	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 18, 1863</u>
9. AGE (In years last birthday) <u>91</u> IF UNDER 1 YEAR Months <u>6</u> IF UNDER 11 HRS. Days <u>0</u> Hours <u>0</u> Min.		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>Same</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Audrain County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Benjamin Stephens</u>	
13b. MOTHER'S MAIDEN NAME <u>Hetha Brady</u>		14. NAME OF HUSBAND OR WIFE <u>Judith 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. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Robert Wood Rt #3 Harrisonville, Mo.</u>		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>C.A. PROSTATE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>SENILITY</u>	
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 <u>177X</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)		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>1-11-1955</u> to <u>1-14-1955</u> , that I last saw the deceased alive on <u>1-7-1955</u> , and that death occurred at <u>2:00 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>David Long M.D.</u> (Degree or title)		23b. ADDRESS <u>Harrisonville Mo.</u>	
23c. DATE SIGNED <u>1-15-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 16, 1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Brady Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near Harrisonville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 16, 1955</u>		REGISTRAR'S SIGNATURE <u>Doris Barward</u> 457-C	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur Bros. Harrisonville, Mo.</u>		ADDRESS	



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 *Robert W. Atkinson*.....

Licensed Embalmer No. 490.....

P. O. Address *Hannover*.....

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.