

FILED JAN 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 50

BIRTH NO. _____		REG. DIST. NO. <u>293</u>		PRIMARY REG. DIST. NO. <u>4436</u> Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Ralls</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Spencer Township)</u>			c. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>U.S. Hi. 61 South</u>			d. STREET ADDRESS (If rural, give location) <u>450 So. 7th St.,</u>		
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Jesse</u>		b. (Middle) <u>R.</u>	
		c. (Last) <u>Stephens</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-8-1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>12/20/1898</u>	9. AGE (In years last birthday) <u>56</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grocer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Ashburn, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>William Stephens</u>		13b. MOTHER'S MAIDEN NAME <u>Rose Eggelston</u>	
14. NAME OF HUSBAND OR WIFE <u>- - -</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>John Stephens, Saverton, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured Skull & Chest Injury</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Auto Accident on U.S. Highway #61 About nine miles North of New London, Missouri.</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 _____		20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>U.S. Hi. 61 So.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Spencer Township Ralls, Missouri</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1-8-55 5:30Pm.</u>		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR? <u>Auto Accident</u>	
22. I hereby certify that I attended the deceased from <u>No Medical Attention</u> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:30P m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Claydon Wiley, 3 Coroner</u>		23b. ADDRESS <u>Perry, Ralls Co., Mo.</u>		23c. DATE SIGNED <u>1-10-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/10/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pritchett Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Ashburn, Missouri</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Michael J. O'Connor</u>		24f. ADDRESS <u>Hannibal Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan-14-1955</u>		REGISTRAR'S SIGNATURE <u>Grace Conn</u>		470-0	

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 24 1955

MAR 21 1955

FEB 4 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

Michael J. O'Rourke

Signed.....
Student Embalmer

Licensed Embalmer No. 3246

P. O. Address

Hannibal 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.