

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10.48

FILED MAR 9 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 20

331  
0

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

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salem</u>		c. CITY OR TOWN <u>Salem</u>	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) <u>3 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>601 N. Jackson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hart Clinic</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BOYD</u> b. (Middle) <u>GEORGE</u> c. (Last) <u>STEPHENS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 28 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 12 1908</u>		9. AGE (In years last birthday) <u>46</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retail Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Dent County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Robert D. Stephens</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Asbridge</u>	14. NAME OF HUSBAND OR WIFE <u>Donna Stephens</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>554-01-9316</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Donna Stephens Salem, Missouri</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		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of Liver</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  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 <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) <u>1561</u>
--	--	--

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 8-4-53, 1953, to 2-28, 1955, that I last saw the deceased alive on 2-28, 1955, and that death occurred at 7:10 AM from the causes and on the date stated above.

23a. SIGNATURE <u>Ray Mitchell M.D.</u>	23b. ADDRESS <u>Salem Mo</u>	23c. DATE SIGNED <u>2-1-55</u>
---	------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar 2 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Hope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Dent County, Missouri</u>
---	-----------------------------	---	--

DATE REC'D BY LOCAL REG. <u>2-1-55</u>	REGISTRAR'S SIGNATURE <u>M. M. Hart, M.D. by M. E. Blackwell-Warfel</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Salem, Mo.</u>
--	---	--

MAR 9 1951

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 Marshall C. Blackwell

Licensed Embalmer No. 471

P. O. Address Salem, Oregon

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.