

STANDARD CERTIFICATE OF DEATH

28931

State File No. _____

FILED SEP 20 1955

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 5092 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <u>BATES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Nebraska</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RFD Lone Oak Twp.</u>		c. CITY OR TOWN <u>Lincoln</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway #71,</u>		e. STREET ADDRESS (If rural, give location) <u>Lincoln Air-Force Base</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Herman</u> b. (Middle) <u>K.</u> c. (Last) <u>Stephens</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 11 55</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>colored</u>	7. MARRIED, UNMARRIED , WIDOWED , DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 19-26</u>	9. AGE (In years last birthday) <u>29</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>U S Air Force</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Joplin Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Kenneth Stephens</u>	13b. MOTHER'S MAIDEN NAME <u>Jessie Johnson</u>	14. NAME OF HUSBAND OR WIFE <u>Dorothy Stephens</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u> <u>Now</u>	16. SOCIAL SECURITY NO. <u>497-14-8166</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Kenneth Stephens-Carthage Mo.</u> ADDRESS <u>701 E. 8th</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Internal Injuries</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Automobile Accident</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>Dead on arrival</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>US Highway #71</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lone Oak Twp. Bates Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept. 11-55 1A</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Automobile turned over</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:45 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Cloris Smith Acting Coroner</u>	23b. ADDRESS <u>Butler Missouri</u>	23c. DATE SIGNED <u>9/11/55</u>
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24a. DATE OF REMOVAL (Specify) _____	24b. DATE <u>9-14-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>UNKNOWN</u>	24d. LOCATION (City, town, or county) (State) <u>Joplin MO.</u>
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DATE REC'D BY LOCAL REG. <u>Sept. 10. 55</u>	REGISTRAR'S SIGNATURE <u>Nandall Kerney</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John G. Henderson</u> ADDRESS <u>Butler MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

OCT 18 190

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 *John H. Hildner*

Licensed Embalmer No. *358*

P. O. Address *Butler*

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.