

No. 300
10.48

FILED MAR 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9733

BIRTH NO. _____ REG. DIST. NO. 182 PRIMARY REG. DIST. NO. 5686 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <i>Linn</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Linn</i>	
b. CITY OR TOWN <i>Rural (Crest Creek)</i>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <i>Laclede</i>	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 <i>2 miles E. of Linn</i>		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <i>WALTER</i>	b. (Middle) <i>HEZEKIAH</i>	c. (Last) <i>STEPHENS</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>3-9-56</i>
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>1-20-1895</i>	9. AGE (In years last birthday) <i>61</i>	IF UNDER 1 YEAR Months _____ Days _____	IF OVER 1 YEAR Hours _____ Min. _____
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10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) <i>laborer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Agriculture</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>Joseph Stephens</i>	13b. MOTHER'S MAIDEN NAME <i>Martha Jackson</i>	14. NAME OF HUSBAND OR WIFE <i>Maggie</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME _____	ADDRESS _____
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>5 min</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Broken Neck</i>		
	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"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>accident</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Route P</i>	21c. (CITY, TOWN, OR TOWNSHIP) <i>Linn</i> (COUNTY) _____ (STATE) <i>MO</i>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>3 9 56 9:30 P.M.</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>automobile accident</i>
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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 *7:35 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Jamie B. McClelland Coron.</i>	23b. ADDRESS <i>Brookfield MO</i>	23c. DATE SIGNED <i>3/11/56</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>3-13-56</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Meadville Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Meadville, Missouri</i>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>Mar 12-1956 Mrs. Bridie Kelley</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Brothers Funeral Home, Laclede, Mo.</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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MAR 20 1956

MAR 26 1956

APR 18 1956

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 *M.R. Knight*

Licensed Embalmer No. 4655

P. O. Address *Lulu, Miss.*

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.