THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED APR 30 1956

STATE FILE NUMBER 12473

Registration District No. 42 Primary Registration District No. 5134 Registrar's No. 450

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural St. Washington Twsp. Inside Limits Yes ☐ No ☑
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.R.#6, St. Joseph Length of stay in Ib over 25 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph c/10 Inside Limits Yes ☐ No ☑
d. STREET ADDRESS R.R.#6 (If outside, give location) Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First WILLIAM Middle THOMAS Last STEPHENS

4. DATE OF DEATH Month April Day 16 Year 1956

5. SEX Male 6. COLOR OR RACE White 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH June 28, 1875

9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Carpenter

10b. KIND OF BUSINESS OR INDUSTRY Construction

11. BIRTHPLACE (City and state or country) Texas

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Unk

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Not known

17. INFORMANT Mrs. Sarah E. Stephens Address St. Joseph, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral Thrombosis with Rheumatic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH Unk.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 332x

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2/29/56 to 4/16/56 and last saw him alive on 4/15/56

Death occurred at 3:00 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Collis Poundy M.D. (Degree or title)

22b. ADDRESS Kirkpatrick Building St. Joseph, Missouri

22c. DATE SIGNED 4/17/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 4-19-56

23c. NAME OF CEMETERY OR CREMATORY Green Cemetery

23d. LOCATION (City, town, or county) St. Joseph (State) Missouri

24. FUNERAL DIRECTOR Blomer Funeral Homes ADDRESS St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG. April 25, 1956

26. REGISTRAR'S SIGNATURE Esther M. Allison

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate wa

by me, or by ....., Student Embalmer No...

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Charles E. Bennett

Licensed Embalmer No...

P. O. Address St. Jose

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING 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.