

FILED APR 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15225

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bel Air Nursing Home		d. STREET ADDRESS (If rural, give location) 307 Court St.	

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Joseph	c. (Last) Stephens	4. DATE OF DEATH (Month) (Day) (Year) April 7, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 16, 1882	9. AGE (In years last birthday) 73	# UNDER 1 YEAR Months	# UNDER 24 HRS. Days	# UNDER 1 MIN. Hours	# UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber	10b. KIND OF BUSINESS OR INDUSTRY Barber Shop	11. BIRTHPLACE (State or foreign country) Cobden, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Dennis Stephens	13b. MOTHER'S MAIDEN NAME Mahalia Gurley	14. NAME OF HUSBAND OR WIFE Anna Schmuck Stephens
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Anna Stephens	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gen-arteriosclerosis 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 332X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **11-15, 1956**, to **4-7, 1956** that I last saw the deceased alive on **4-6, 1956**, and that death occurred at **6:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE E. D. Urban (Degree or title) MD.	23b. ADDRESS Sikeston, Mo.	23c. DATE SIGNED 4/7/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/9/56	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) Charleston, Mo.
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DATE REC'D BY LOCAL REG. 10-Apr-56	REGISTRAR'S SIGNATURE Mrs. Alastair	25. FUNERAL DIRECTOR'S SIGNATURE John Nunnelle ADDRESS THE NUNNELLE FUNERAL CHAPEL, Charleston, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DATE RECEIVED APR 16 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 456-91

APR 28 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
Student Embalmer

Signed John F. Russell Jr

Licensed Embalmer No. 3851

P. O. Address Charleston, 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.