

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19376
STATE FILE NUMBER

FILED MAY 22 1956

4396-56 Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY - OR TOWN Nevada		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada Hospital			Length of stay in 1b 4 days	d. STREET ADDRESS (If outside, give location) 534 East Lee			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Judy May Stephens				4. DATE OF DEATH Month May Day 6 Year 1956			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 21, 1956		9. AGE (In years last birthday) IF UNDER 1 YEAR Month 3 Day 15 Hours Min. IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Nevada, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John R. Stephens				14. MOTHER'S MAIDEN NAME Lula Dake			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address John R. Stephens, Nevada, Missouri			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Interstitial pneumonia. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Congenital heart disease, severe DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____						INTERVAL BETWEEN ONSET OF DEATH 5 days	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			7544				
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 Jan 21, 1956 to May 5, 1956 and last saw her/him alive on May 5, 1956 . Death occurred at 10:50 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Name or title) James Harco MD				22b. ADDRESS Nevada Mo		22c. DATE SIGNED May 8, 1956	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY Newton Cemetery		23d. LOCATION (City, town, or county) Nevada, Missouri.		
24. FUNERAL DIRECTOR ADDRESS Eichinger Funeral Home, Nevada, Mo. 5-15-56				25. DATE RECD. BY LOCAL REG. 5-15-56		26. REGISTRAR'S SIGNATURE Arnal E. Ferry	

(Licensed Embalmer's Statement on Reverse Side)

Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Percy F. Milster*

Licensed Embalmer No..... 4

P. O. Address..... *Nevada*

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.