

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1123

STATE FILE NUMBER

FILED JAN 28 1957

Registration District No. 137 Primary Registration District No. 55-12 Registrar's No. 368

1. PLACE OF DEATH a. COUNTY <b>HENRY</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>HENRY</b>			
b. CITY (If outside corporate limits, give location) OR TOWN <b>HONEY CREEK</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>HONEY CREEK HAYTWOELL MO</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>HAYTWOELL MO</b>			Length of stay in 1b <b>1 Yr.</b>	d. STREET ADDRESS (If outside, give location) <b>HAYTWOELL MO</b>			Outside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Michael</b> Middle <b>Ray</b> Last <b>STEPHENS.</b>				4. DATE OF DEATH Month <b>JAN</b> Day <b>19</b> Year <b>1957</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 19, 1905</b>	9. AGE (In years last birthday) <b>51 1/2</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 MRS. Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>		11. BIRTHPLACE (City, town, or country) <b>Clinton Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>	
13. FATHER'S NAME <b>Vernon Stephens.</b>				14. MOTHER'S MAIDEN NAME <b>Daisy Goff</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Vernon Stephens Hartwell mo</b> Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumonia from hiting (no medical attention)</b>						INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>	
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) <b>493x</b>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <b>DOA</b> to _____ and last saw her alive on _____ Death occurred at <b>5:30 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>W. B. Bradshaw Licensed Coroner</b>				22b. ADDRESS <b>Clinton</b>		22c. DATE SIGNED <b>1/22/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>Jan 20, 57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Harris Cemetery</b>		23d. LOCATION (City, town, or county) <b>Hartwell mo</b>			
24. FUNERAL DIRECTOR <b>Sickman &amp; Dunnington</b> ADDRESS <b>118 S. 3rd St</b>		25. DATE REC'D BY LOCAL REG. <b>1-23-57</b>	26. REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>				

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms which are not diseases in Part 1 must be casually related. Coroner cannot certify to a death due to natural causes.

JAN 30 1957

**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 *Robert L. Dunning*.....

Licensed Embalmer No. *4*.....

P. O. Address *Clinton*.....

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.