

health, Welfare Public service
 000-1-56
 All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
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 300-1-56
 All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION
 23a. BURN, CREMATION, REMOVAL (Specify)
 23b. DATE
 23c. NAME OF CEMETERY OR CREMATORY
 23d. LOCATION (City, town or county) (State)
 24. FUNERAL DIRECTOR ADDRESS
 25. DATE RECD. BY LOCAL REG.
 26. REGISTRAR'S SIGNATURE

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

5024
 STATE FILE NUMBER
 570

FILED MAR 4 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY PETTIS		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SEDALIA		Outside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V.A. Hospital		Length of stay in 1b 10 days	d. STREET ADDRESS 300 North Engineer		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CHARLES Middle O. Last STEPHENS			4. DATE OF DEATH Month 2nd Day 4th Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-14-94	9. AGE (In years last birthday) 62 IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None <i>Tractor Operator</i>		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Clifton City, Mo. U.S.	
13. FATHER'S NAME John Stephens			14. MOTHER'S MAIDEN NAME Maggie Barkhurst		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 8-5-17 to 7-30-19		16. SOCIAL SECURITY NO. 498 05 2243		17. INFORMANT Address V.A. Hospital Records	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchopneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Multiple liver abscesses</u> DUE TO (c) <u>Bacteremia</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH
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 checked="" 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. <input checked="" type="checkbox"/> attended the deceased from January 25, 1957 to February 4, 1957 and last saw him <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Death occurred at 8:05 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE L. H. AGEES, M.D.			22b. ADDRESS V.A. Hospital, Kansas City, Mo		22c. DATE SIGNED 2-5-57
23a. BURN, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2-5-57	23c. NAME OF CEMETERY OR CREMATORY UNION		23d. LOCATION (City, town or county) (State) PETTIS COUNTY, MO
24. FUNERAL DIRECTOR Name Ewing SEDALIA, MO			25. DATE RECD. BY LOCAL REG. 2-5-57		26. REGISTRAR'S SIGNATURE Reva Minchall

(Licensed Embalmer's Statement on Reverse Side)

APP A
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 *Ralph E Baker*
Licensed Embalmer No. *24*

P. O. Address *Redalia*

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.

F. H. ...