

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **8065**
Registrar's No. **110**

FILED MAR 26 1957

Registration District No. **77** Primary Registration District No. **3016**

300
-57

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		c. CITY OR TOWN Jefferson City 0264	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1617 W. McCarty St.		d. STREET ADDRESS (If outside, give location) 1617 W. McCarty St.	
Length of stay in lb 1 wk R		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Marvin Leland Stephenson			4. DATE OF DEATH March 21, 1957
5. SEX Male			6. COLOR OR RACE White
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			8. DATE OF BIRTH Feb. 14, 1914
9. AGE (In years last birthday) 43			10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months 1 Days 7 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Cutter--International Shoe Co.		10b. KIND OF BUSINESS OR INDUSTRY Shoe Co.	
11. BIRTHPLACE (City and state or country) Wilmar, Arkansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Silas A. Stephenson		13b. MOTHER'S MAIDEN NAME Lottie V. Burnett	
14. NAME OF HUSBAND OR WIFE Margaret Lee Stephenson			
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. 490-07-2491	
17. INFORMANT Mrs. Margaret Stephenson		Address Jefferson City, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Self inflicted Gun Shot Wound			INTERVAL BETWEEN ONSET AND DEATH Immediate
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) 976x			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Same as above	
20c. TIME OF DEATH 10:00 a.m. 3/21/57			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at Home	
20f. CITY, TOWN, OR LOCATION Jefferson City, Cole, Mo.		COUNTY Cole STATE Mo.	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at 10:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert J. Buescher (Degree or title) 3		22b. ADDRESS 630d. 1st Jefferson City	
22c. DATE SIGNED 3/22/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-22-57	
23c. NAME OF CEMETERY OR CREMATORY Riverview Cem		23d. LOCATION (City, town, or county) J.C. Mo.	
24. FUNERAL DIRECTOR Dr. Buescher		25. DATE RECD. BY LOCAL REG. 23 March 1957	
ADDRESS J.C. Mo.		26. REGISTRAR'S SIGNATURE R.P. Norris, MD-MR	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 27 1957
MAR 28 1957
APR 12 1957

MAR 9 1958

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 *Victor Breacher*

Licensed Embalmer No. *3701*
P. O. Address *J. C. ...*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.