FILED JUN 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22199
STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 144

1. PLACE OF DEATH a. COUNTY RANDOLPH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY RANDOLPH
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MOBERLY — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN MOBERLY — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 721 FISK AVE — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 721 FISK AVE. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First THOMAS Middle NELSON Last STEPHENS
4. DATE OF DEATH: Month JUNE Day 16, Year 1957

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 6-20-1894
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): V.P. & GEN. MGR
10b. KIND OF BUSINESS OR INDUSTRY: HARDWARE
11. BIRTHPLACE (City and state or country): MIDDLE GROVE, MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: LEONARD E. STEPHENS
14. MOTHER'S MAIDEN NAME: MARGARET LYDIA FEARIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) W.W. I
16. SOCIAL SECURITY NO.: 494-05-0208
17. INFORMANT Address: MRS. T.N. STEPHENS - WIFE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Infarction of the myocardium — INTERVAL BETWEEN ONSET AND DEATH: 5 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Bronchogenic Carcinoma of Rt lung — ?
DUE TO (c): 162x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I: Vod resection of Rt lung for Carcinoma on May 28, 1957 at Mayo
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1956, to June 16 '57 and last saw ~~her~~ him alive on June 16 '57
Death occurred at 7 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M.D.
22b. ADDRESS: Moberly, Mo
22c. DATE SIGNED: June 18 '57

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 6-19-1957
23c. NAME OF CEMETERY ~~OR CREMATORY~~: ST. MARY'S
23d. LOCATION (City, town, or county): MOBERLY, (State) MO.

24. FUNERAL DIRECTOR ADDRESS: MAHAN FUNERAL SERVICE
25. DATE RECD. BY LOCAL REG.: 6-19-57
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

69-0

JUL 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John A. Green

Licensed Embalmer No. 38

P. O. Address Moberly

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.