

No. 300
10.48

FILED JUL 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23906

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 3012 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give town) Excelsior Springs		c. LENGTH OF STAY (in this place) 3 days	c. CITY OR TOWN Carrollton
d. FULL NAME OF HOSPITAL OR INSTITUTION Excelsior Springs Hospital		STREET ADDRESS (If rural, give location) 212 S. Monroe	

3. NAME OF DECEASED (Type or Print) a. (First) VERL	b. (Middle) ELDRED	c. (Last) STEPHENS	4. DATE OF DEATH (Month) (Day) (Year) June 30, 1957
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 2, 1924	9. AGE (In years last birthday) 32	10. UNDER 1 YEAR Months	11. UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction Laborer	10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and State or Foreign Country) Carroll County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Lee Preston Stephens	13b. MOTHER'S MAIDEN NAME Lillian Beatrice Duffield	14. NAME OF HUSBAND OR WIFE Norma Stephens
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) WWII 494-16-2345	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Norma Stephens Carrollton, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Spinal Aneurysm including Concussion (Cerebral) - Comp</i>		INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Fracture Rt elbow - fracture</i>		
	II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <i>Rt. Jumper - Spinal</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in apartment, home, factory, street, office, etc.) Rt. County	21c. (CITY, TOWN, OR TOWNSHIP) (STATE) Vibbard Ray Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Train accident
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22. I hereby certify that I attended the deceased from 6/27, 1957, to 6/30, 1957, that I last saw the deceased alive on 6/30, 1957, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) O. S. Pate MD Coroner	23b. ADDRESS North Kansas City Mo	23c. DATE SIGNED 6/30/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-30-57	24c. NAME OF CEMETERY OR CREMATORY Oakhill	24d. LOCATION (City, town, or county) (State) Carrollton Missouri
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DATE REC'D BY LOCAL REG. 7/4/57	REGISTRAR'S SIGNATURE Caroline Hutchings	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Prichard Funeral Home, Inc. Excelsior Springs, Missouri
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD



AUG 1 1957

FEB 27 1962

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 *Lindell Jarman*

Licensed Embalmer No. *458*
P. O. Address *Excelsior Springs*

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.