

FILED DEC 10 1957

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 194

S. 300  
ev. 1-57

2

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>VERNON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>BARRY</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>WASH. TOWNSHIP</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>CASSEVILLE, 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>STATE HOSP #3, 403 Sp. 4 months, 22 dy.</b>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <b>1002 GRAVEL</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>HEADERSON WISE STEPHENSON</b>			4. DATE OF DEATH Month Day Year <b>NOV. 29 1957</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JULY 24 1881</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	9. AGE (In years last birthday) Months Days Hours Min <b>76</b>
11. BIRTHPLACE (City and state or country) <b>BARRY CO. MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.-A.</b>	
13a. FATHER'S NAME <b>JOHN STEPHENSON</b>		13b. MOTHER'S MAIDEN NAME <b>SUSAN RIPLEY</b>	14. NAME OF HUSBAND OR WIFE <b>LEORA A. DRIDGE</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>UNKNOWN</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT Address <b>HOSPITAL RECORDS STATE HOSP #3 4</b>
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>CARDIAC OCCLUSION</b>			INTERVAL BETWEEN ONSET AND DEATH <b>20 MINUTES</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>GENERALIZED ART. SCLEROSIS</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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>4201</b>			
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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>JULY 7 1954</b> to <b>NOV. 29 1957</b> and last saw her alive on <b>NOV. 29 1957</b> Death occurred at <b>3:55 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>George Esker M.D.</i> (Degree or title)		22b. ADDRESS <b>State Hospital No 3</b>	22c. DATE SIGNED <b>11/29/57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12-2-1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Horner Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Cassville Missouri</b>
24. FUNERAL DIRECTOR <b>Culver's</b>		ADDRESS <b>Cassville, Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>12-3-1957</b>
26. REGISTRAR'S SIGNATURE <i>Orma E. Ferry</i>			

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 *Margaret C. Henbest* .....

Licensed Embalmer No. *4389* .....

P. O. Address *Cassville, Mo.* .....

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.