Health, Welfare Public Service

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FILED MAR 13 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-004995
STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 50

1. PLACE OF DEATH
a. COUNTY Dunklin
b. CITY OR TOWN Kennett — Inside Limits Yes XX No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Presnell Hospital — Length of stay in Hospital: 2 Weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Dunklin
c. CITY OR TOWN Bragg City — Inside Limits Yes XX No ☐
d. STREET ADDRESS (If outside, give location) 630 — Reside on Farm Yes ☐ No XX

3. NAME OF DECEASED (Type or print): First Samuel Middle E. Last Stephens
4. DATE OF DEATH: Month Mar. Day 5th Year 1958
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED XX DIVORCED ☐
8. DATE OF BIRTH: Mar. 18 1884
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 11 Days 17 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: XXX
11. BIRTHPLACE (City and state or country): Kennett Rt. 2
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Edgar Stephens
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) XX
16. SOCIAL SECURITY NO.:
17. INFORMANT: Ellis Jane Greer Address: Bragg City Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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) Cardiac failure (left) — INTERVAL BETWEEN ONSET AND DEATH: 72 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic C.V.D. — unknown
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Pneumonia, bronchial - 4221
19. WAS AUTOPSY PERFORMED? YES ☐ NO XX

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 Oct. 20, 1957, to March 5, 1958 and last saw her/him alive on 3/5/1958
Death occurred at 2:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James Fuzzell (Degree or title) M.D.
22b. ADDRESS Kennett, MO
22c. DATE SIGNED 3-7-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-6-58
23c. NAME OF CEMETERY OR CREMATORY: Loyd Cemetery
23d. LOCATION (City, town, or county) (State): Holcomb Mo.

24. FUNERAL DIRECTOR: Lentz Service ADDRESS: Kennett Mo.
25. DATE RECD. BY LOCAL REG.: 3-8-1958
26. REGISTRAR'S SIGNATURE: Earl Hudson

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED DUNKLIN COUNTY HEALTH
DATE 3-10-58
COUNTY FILE NUMBER 358-7

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 Edgar Dixie Hurd

Licensed Embalmer No. 4433

P. O. Address Kennett 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.