.S. No. 300
EV. 10-48

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FILED JUL 30 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024787
State File No.

BIRTH NO. _____ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 4062 Registrar's No. 20

1. PLACE OF DEATH
a. COUNTY: Caldwell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cowgill
c. LENGTH OF STAY (in this place): 60 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cowgill, Missouri (home)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Caldwell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cowgill
d. STREET ADDRESS (If rural, give location): 0130 0

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle):
c. (Last): Stephens

4. DATE OF DEATH (Month) 7 (Day) 19 (Year) 1958

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1-4-1873
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months 6, Days 15 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Missouri
11. BIRTHPLACE (State or foreign country): Caldwell County
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Edward Stephens
13b. MOTHER'S MAIDEN NAME: Eliza Evans
14. NAME OF HUSBAND OR WIFE: Mary Elizabeth Stephens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mary Elizabeth Stephens — ADDRESS: Cowgill, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis — many years
DUE TO (c) Generalized Arteriosclerosis — many years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: — 332X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* June 1949, *to* July 19, 1958, *that I last saw the deceased alive on* July 16, 1958, *and that death occurred at* 10:20 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. E. Goldberg M.D.
23b. ADDRESS: Braymer, Mo.
23c. DATE SIGNED: 7/21/58

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 23-58
24c. NAME OF CEMETERY OR CREMATORY: Cowgill Cem
24d. LOCATION (City, town, or county) (State): Cowgill Mo

DATE REC'D BY LOCAL REG.: 7-24-58
REGISTRAR'S SIGNATURE: Mrs. Lutt Anne Zwyzart

25. FUNERAL DIRECTOR'S SIGNATURE: Mead-Pitts Funeral Service B.F.M.
ADDRESS: Braymer, Mo.

MEAD - PITTS FUNERAL SERVICE BRAYMER, MISSOURI

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 .....
Student Embalmer

Signed Bernard F. Mead

Licensed Embalmer No. 2801

P. O. Address Braymer, N

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 this body is not embalmed, fact should be so stated above.