

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-044880

STATE FILE NUMBER

FILED DEC 24 1958

Registration District No. 206 Primary Registration District No. 204A Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <b>Madison</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Madison</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fredericktown</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Fredericktown 06210</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>140 N. Main St.</b>		Length of stay in lb <b>77 yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>140 N. Main St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Robert</b> Middle <b>Lee</b> Last <b>Stephens</b>			4. DATE OF DEATH Month <b>Dec.</b> Day <b>15,</b> Year <b>1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 3, 1881</b>		9. AGE (In years) <b>77</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mercantile Store Owner, Retail Merch.</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Madison County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>Jacob Stephens</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Friday</b>		14. NAME OF HUSBAND OR WIFE <b>Mollie M. Stephens</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>494-38-7291</b>		17. INFORMANT <b>Mrs. Mollie Stephens,</b> Address <b>Fredericktown, Mo.</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>Ventricular fibrillation</b>				INTERVAL BETWEEN ONSET AND DEATH <b>15 seconds</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				DUE TO (b) <b>Congestive heart failure</b> <b>2 months</b>	
				DUE TO (c) <b>Atherosclerosis</b> <b>several yrs.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>4331</b>		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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>Oct 15, 1958</b> to <b>Dec 15, 1958</b> and last saw him alive on <b>Dec 14, 1958</b> Death occurred at <b>2:00 a.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>E. W. Delaney D.O. 2</b>			22b. ADDRESS <b>Fredericktown, Mo</b>		22c. DATE SIGNED <b>12/16/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>12/17/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Marcus Memorial Park</b>		23d. LOCATION (City, town, or county) (State) <b>Madison County, Mo.</b>
24. FUNERAL DIRECTOR <b>Najim Funeral Home,</b> ADDRESS <b>Fredericktown, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12-16-1958</b>		26. REGISTRAR'S SIGNATURE <b>Arune Dicko</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

FILE No. 1238-52

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 *Charles McPartly* ..... Licensed Embalmer No. *4852* P. O. Address *Fredricktown*

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.