

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016476

STATE FILE NUMBER

FILED APR 23 1959

Registration District No. 347 Primary Registration District No. Registrar's No. 12

300
1-57

1. PLACE OF DEATH a. COUNTY Stone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Stone	
b. CITY OR TOWN Galena Mo <small>(If outside corporate limits, give TOWNSHIP only)</small>		c. CITY OR TOWN Galena Mo <small>Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></small>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last JESSE Glenn Stephens			4. DATE OF DEATH Month Day Year Apr 10 1959			
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Apr 5 1899	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and state or country) Mo	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Ben Stephens	13b. MOTHER'S MAIDEN NAME Lucinda McGuire	14. NAME OF HUSBAND OR WIFE Elsie Stephens	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 500-10-3024	17. INFORMANT Elsie Stephens Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) Don't know DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
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.)
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
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21. I attended the deceased from Death occurred at	to	and last saw her/him on	Signature
Apr 10 1959	Apr 10 1959	Dead when I saw him	[Signature]

22a. SIGNATURE L S Shumate MD	(Degree or title)	22b. ADDRESS Reeds Spring Mo	22c. DATE SIGNED 4/10/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Apr 13 1959	23c. NAME OF CEMETERY OR CREMATORY Eisenhour	23d. LOCATION (City, town, or county) Galena Mo R-2
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24. FUNERAL DIRECTOR Ernest J. Cheatham ADDRESS Galena Mo	25. DATE RECD. BY LOCAL REG. April 11 1959	26. REGISTRAR'S SIGNATURE Mrs. J. Elmer Bussan per Lena Murray
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Everett J. Cheatham*

Licensed Embalmer No. *3870*
P. O. Address *Halma 911*

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.