URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 26 1959

59-029766
STATE FILE NUMBER

ENDED

Registration District No. 206 Primary Registration District No. 5774 Registrar's No. 44

1. PLACE OF DEATH
a. COUNTY Madison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Castor Township — Length of stay in 1b: 2 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 11½ Mi. S.E. of Fredericktown — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Madison
c. CITY OR TOWN Castor Township — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 11½ Mi. S.E. of Fredericktown — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Woodrow — Middle Wilson — Last Stephens
4. DATE OF DEATH: Month August — Day 18, — Year 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10-22-1912
9. AGE (last birthday): 46 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Shoe Factory Worker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Madison County, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Obe Stephens
13b. MOTHER'S MAIDEN NAME: Nora B. Buxton
14. NAME OF HUSBAND OR WIFE: Dorothy 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.: 488-12-5333
17. INFORMANT: Clark Stephens – St. Louis, Missouri — Address

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) GUN SHOT WOUND SELF-INFLICTED. LEFT CHEST. — INTERVAL BETWEEN ONSET AND DEATH: –
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 4:45 a.m. p.m. — Month, Day, Year 8-18-59
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~~ _____, to _____ ~~and last saw him alive on~~ her _____
~~Death occurred at~~ 4:45 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ray Wilson Coroner Madison Co
22b. ADDRESS: Fredericktown, Missouri
22c. DATE SIGNED: 8/19/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug. 21, 1959
23c. NAME OF CEMETERY OR CREMATORY: Snowdenville Cemetery
23d. LOCATION (City, town, or county) (State): Madison County, Missouri

24. FUNERAL DIRECTOR: J. H. Adamson — ADDRESS: Fredericktown, Mo.
25. DATE RECD. BY LOCAL REG.: 8-19-1959
26. REGISTRAR'S SIGNATURE: Florence Fickle

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

AUG 27 1959

JUN 8 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Raymond B. Wilson
Signature of Student Embalmer

Licensed Embalmer No. 4884

P. O. Address Frederic

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.