

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 29 1959 **347**

'59 0 4 6 5 5 7

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **41**

1. PLACE OF DEATH a. COUNTY Stone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Calif b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN (Pierce)R#2 Crane	Length of stay in 1b _____	c. CITY OR TOWN Farmersville	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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 checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Luther Edward Stephens			4. DATE OF DEATH Month Day Year December 16 1959		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/3/94	9. AGE (last birthday) 65	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY Fruit		11. BIRTHPLACE (City and state or country) Elsay Missouri	
				12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Charles David Stephens		13b. MOTHER'S MAIDEN NAME Sarah Jane Eutsler		14. NAME OF HUSBAND OR WIFE Bertha Stephens	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I		16. SOCIAL SECURITY NO. 500-05-2893	17. INFORMANT Address Cecile Stephens, Crane, Mo		

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		INTERVAL BETWEEN ONSET AND DEATH unknown
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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 _____ a.m. _____ p.m. Month, Day, Year _____			

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 **December 16, 1959** to **Dec 16 1959** and last saw him alive on **December 16 1959**
 Death occurred at **3 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Ellis R Crane</i>	22b. ADDRESS Crane, Mo	22c. DATE SIGNED 12-19-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/19/59	23c. NAME OF CEMETERY OR CREMATORY Masonic	23d. LOCATION (City, town, or county) Crane, Missouri
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24. FUNERAL DIRECTOR ADDRESS Manlove Funeral Home Crane, Mo	25. DATE RECD. BY LOCAL REG. Dec. 20-1959	26. REGISTRAR'S SIGNATURE <i>Profina Murray</i>
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

DEC 29

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

~~my~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed George H. Macdon

Licensed Embalmer No. 3827

P. O. Address Creme m

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.