

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005048

FILED VS MAR 7 1960

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 23

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Barton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lamar</u>		Length of stay in 1b <u>10 years</u>		c. CITY OR TOWN <u>Lamar</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At Home</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1703 Poplar St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>FRED</u> Middle <u>STEPHENSON</u> Last <u>STEPHENSON</u>				4. DATE OF DEATH Month <u>Feb.</u> Day <u>27</u> Year <u>1960</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Mar. 18, 1884</u>	9. AGE (last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	IF UNDER 24 HR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter, Ret.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>House Construction</u>		11. BIRTHPLACE (City and state or country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		
13a. FATHER'S NAME <u>William Stephenson</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Martha Stephenson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>303-30-3154</u>		17. INFORMANT Address <u>Mrs. Vivian Hawver, Derby, Colo.</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>							INTERVAL BETWEEN ONSET AND DEATH <u>Subtle</u>		
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			
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	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>5 am</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Clarence M. Childs</u> (Degree or title) <u>Camer</u>				22b. ADDRESS <u>Lamar Mo</u>				22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Mar. 1, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lake Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Lamar, Missouri</u>				
24. FUNERAL DIRECTOR <u>Childs Funeral Home, Lamar, Mo.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>MAR 1 - '60</u>		26. REGISTRAR'S SIGNATURE <u>Marie Kenantz</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS MAR 30 1980

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles W. Chile

Licensed Embalmer No. 3473

P. O. Address Tamat MC

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.