

FEDERAL BUREAU OF INVESTIGATION FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-014596

FILED VS MAY 0 1960 75 Primary Registration District No. 3015 Registrar's No. 46

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Clinton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. STATE Missouri COUNTY Daviess	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cameron		Length of stay in 1b 16 Days	c. CITY OR TOWN Rural Jefferson Twp. Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Cameron Community Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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 Winfred Loten Stephens			4. DATE OF DEATH Month Day Year April 26 1960		
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 3-24-1914	9. AGE (last birthday) 46	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Man		10b. KIND OF BUSINESS OR INDUSTRY Section Hand	11. BIRTHPLACE (City and state or country) Altamont, Mo.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Bert Stephens		13b. MOTHER'S MAIDEN NAME Ora D. Clevenger		14. NAME OF HUSBAND OR WIFE Helen Stephens	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW 2		16. SOCIAL SECURITY NO. 487-14-7670		17. INFORMANT Helen Stephens, Altamont, 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) Cerebral Embolus		INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) acute coronary occlusion	16 days
	DUE TO (c) Coronary Thrombosis	16 days
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 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 4-10-60 to 4-26 and last saw ^{her} him alive on 4-26-60 Death occurred at 11:58 P on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE B. H. Compton D.O.		22b. ADDRESS Cameron, Mo.		22c. DATE SIGNED 4-28-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-29-1960	23c. NAME OF CEMETERY OR CREMATORY Mt. Ayr Cemetery	23d. LOCATION (City, town, or county) (State) Altamont, Mo.	
24. EMPLOYER'S ADDRESS Hope Funeral Home, Gallatin, Mo.		25. DATE RECD. BY LOCAL REG. May 1 1960	26. REGISTRAR'S SIGNATURE Francis W Crawford	

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

0961 5 1 NOV

VS MAY 9 1960

STATEMENT BY LICENSED EMBALMER

MAY 12 1960

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 L. O. Richesson

Licensed Embalmer No. 3307

P. O. Address Gallatin

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.