

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031425

U VS SEP 1 2 1960

Registration District No. 237 Primary Registration District No. 4353 Registrar's No. 4

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Missouri NEW MADRID		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Missouri b. COUNTY Missouri NEW MADRID	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Gideon		Length of stay in 1b Years	c. CITY OR TOWN Gideon Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		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 Addie Middle Stephens Last Stephens			4. DATE OF DEATH Month Aug. Day 23 Year 1960		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-26-1870	9. AGE (last birthday) 90	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (City and state or country) Unknown		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE John Stephens, Decd.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address Lora Snider, Taft, Calif.	

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 Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 30 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) arterio sclerosis		
	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 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 6:00 a.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 GIDEON, MO	COUNTY	STATE

21. I attended the deceased from **7-12-60** to **8-23-60** and last saw her ^{her} alive on **8-20-60**
Death occurred at **6:00 am** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. D. Hopkins M.D. (Degree or title)		22b. ADDRESS GIDEON, MO		22c. DATE SIGNED 8-26-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-25-60	23c. NAME OF CEMETERY OR CREMATORY Stanfield Cemetery		23d. LOCATION (City, town, or county) (State) Dunklin Co., Mo.

24. FUNERAL DIRECTOR Irby Funeral Home, Rector, Ark.		ADDRESS	25. DATE RECD. BY LOCAL REG. 8-31-60	26. REGISTRAR'S SIGNATURE Mrs F D Hopkins
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 & T 100

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 *Alan McBride*

Licensed Embalmer No. 2776

P. O. Address *Sector C*

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.