

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

54 -62-016158
STATE FILE NUMBER

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. _____

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 23 1962

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neosho		c. CITY OR TOWN Rural Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A.-Sale Hospital		d. STREET ADDRESS (If outside, give location) Neosho, R#1 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First ARCHIE Middle MARSHALL Last STEPHENSON			4. DATE OF DEATH Month April Day 18 Year 1962			
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 5-2-1911	9. AGE (last birthday) 50	10. IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Warehouseman		10b. KIND OF BUSINESS OR INDUSTRY U.S.A. Air Force		11. BIRTHPLACE (City and state or country) Beaver, Oklahoma		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME O. N. Stephenson		13b. MOTHER'S MAIDEN NAME Amy McNamee		14. NAME OF HUSBAND OR WIFE Ruby Stephenson		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

17. INFORMANT Address
Mrs. Ruby Stephenson, Neosho, 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 occlusion.**

DUE TO (b) **Obesity.**

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 _____ s.m. _____ p.m. Month, Day, Year _____

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 **2-5-59** to **4-18-62** and last saw him alive on **3-20-62**
Death occurred at **5:20 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **[Signature]** (Degree or title) 22b. ADDRESS **Neosho, Mo.** 22c. DATE SIGNED **4-20-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **4-23-1962** 23c. NAME OF CEMETERY OR CREMATORY **Parker Cemetery** 23d. LOCATION (City, town, or county) (State) **Arkansas City, Kansas**

24. FUNERAL DIRECTOR ADDRESS **Thompson Funeral Home, Neosho, Mo.** 25. DATE RECD. BY LOCAL REG. **4-20-62** 26. REGISTRAR'S SIGNATURE **[Signature]**

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED	INSTEAD OF	DOCUMENT
5/2/62		
16	510-03-1482	BY AFFIDAVIT OF Funeral Director

VS 300 Rev. 4/59
1 0735
2 0730
3
4 0
5 1
6
7 1
8 2
9 287X
10
11
12 92-0
13 2-0

APR 26 1962

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 Jimmie A. Jabe

Licensed Embalmer No. 5140

P. O. Address Peashe, Mo.

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.