

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-031905

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 246 Primary Registration District No. 5844 Registrar's No. 8

FILED SEP 4 1962	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Newton</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Seneca beyond twp.</u> Length of stay in 1b <u>Inst.</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4 mi. north of Seneca</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u></p> <p>c. CITY OR TOWN <u>Seneca</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED First Middle Last <u>Paul William Edward Stephenson</u></p> <p>4. DATE OF DEATH Month Day Year <u>August 28 1962</u></p>	
<p>5. SEX <u>Male</u> 6. COLOR OR RACE <u>white</u> 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p> <p>8. DATE OF BIRTH <u>June 8, 1918</u> 9. AGE (last birthday) <u>44</u> IF UNDER 1 YEAR IF UNDER 24 HR</p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>auto mechanic</u></p> <p>10b. KIND OF BUSINESS OR INDUSTRY <u>Chevrolet Garage Newton Co. Mo.</u> 11. BIRTHPLACE (City and state or country) <u>U.S.A.</u></p>	
<p>12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u></p> <p>13a. FATHER'S NAME <u>Phil Stephenson</u> 13b. MOTHER'S MAIDEN NAME <u>Cecelia Stiles</u> 14. NAME OF HUSBAND OR WIFE <u>Helen</u></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u></p> <p>16. SOCIAL SECURITY NO. <u>[redacted]</u> 17. INFORMANT <u>Mrs. Carol Davis, Seneca, Mo.</u> Address <u>[redacted]</u></p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line)</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p>IMMEDIATE CAUSE (a) <u>Multiple injuries -</u> INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u></p> <p>DUE TO (b) <u>Head on Auto collision</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____</p> <p>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</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 20a. ACCIDENT <input checked="" 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.)</p>	
<p>20c. TIME OF DEATH Hour <u>12:15</u> Minute <u>15</u> Month <u>8</u> Day <u>28</u> Year <u>62</u> p.m.</p>	
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hwy. #43 did not attend</u></p> <p>20f. CITY, TOWN, OR LOCATION <u>4 Miles No. Seneca, Newton, Mo.</u> COUNTY <u>Newton</u> STATE <u>Mo.</u></p>	
<p>21. I attended the deceased from _____ to _____ and last saw her alive on _____</p> <p>Death occurred at <u>12:15</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) <u>James L. Hadach Corner</u> 22b. ADDRESS <u>Newton Co., Mo. 118 W Main, Neosho, Mo.</u> 22c. DATE SIGNED <u>8-28-62</u></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> 23b. DATE <u>8-30-1962</u> 23c. NAME OF CEMETERY OR CREMATORY <u>Seneca Cemetery</u> 23d. LOCATION (City, town, or county) <u>Seneca, Missouri</u></p>	
<p>24. FUNERAL DIRECTOR <u>W.E. Riddlehouse Seneca, Mo.</u> ADDRESS <u>[redacted]</u> 25. DATE RECD. BY LOCAL REG. <u>8-30-1962</u> 26. REGISTRAR'S SIGNATURE <u>Mrs. Irene Russell</u></p>	

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

SEP 6 1962

SEP 25 1962

SEP 28 1962

MAR 13 1963

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 W E Bellows

Licensed Embalmer No. 2174

P. O. Address Seneca 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.