

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035215

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 461

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

6499
20730

3

4 0

5 3

6

7 0

8 0

9 1634

10

11

12 4-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FILED SEP 24 1962	
1. PLACE OF DEATH a. COUNTY Jasper	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 Joplin	Length of stay in 1b 20 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Freeman Hospital	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. CITY OR TOWN Rural	
d. STREET ADDRESS (If outside, give location) RR#5 Box 285	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ELIJAH G. STEPHENS	
4. DATE OF DEATH Month Day Year September 13, 1962	
5. SEX Male	6. COLOR OR RACE White
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 11-8-1896
9. AGE (last birthday) 65	
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) Painter	10b. KIND OF BUSINESS OR INDUSTRY Decorating
11. BIRTHPLACE (City and state or country) Butler, Missouri	
12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Elijah S. Stephens	
13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	
16. SOCIAL SECURITY NO.	
17. INFORMANT Address Mrs. Wossie Walker, 415 Cunningham, Joplin, 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) Terminal Pneumonia	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b) Carcinomatosis	
DUE TO (c) Carcinoma of right lung	
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 s.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 July 9, 1962 to Sept. 13, 1962 and last saw him alive on Sept. 13, 1962 Death occurred at 4:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Name or title) <i>Eugene D. [Signature]</i> M.D.	
22b. ADDRESS 607 Frisco Bldg, Joplin, Missouri	
22c. DATE SIGNED 9-14-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-17-1962
23c. NAME OF CEMETERY OR CREMATORY Peace Cemetery	
23d. LOCATION (City, town, or county) (State) Jasper County, Mo.	
24. FUNERAL DIRECTOR ADDRESS Thornhill-Dillon Mortuary, Joplin, Mo.	
25. DATE RECD. BY LOCAL REG. 9-19-1962	
26. REGISTRAR'S SIGNATURE <i>Dove Merriam</i>	

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 David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, 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.