

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037661

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 37 Primary Registration District No. 4049 Registrar's No. 35

FILED OCT 30 1962

VS 300
Rev. 4/59

10101

20880

3

4 0

5 1

6

7 0

8 2

9 177X

10

11

12 90-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

| | | | |
|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Boone</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Randolph</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Centralia</u> Length of stay in 1b | | c. CITY OR TOWN <u>Penick</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>125 S Columbia St.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>None</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>ROY</u> Middle <u>E</u> Last <u>STEPHENS</u> | | 4. DATE OF DEATH Month <u>Oct</u> Day <u>24</u> Year <u>1962</u> | |
| 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"/> | 8. DATE OF BIRTH <u>3/24/1942</u> |
| 9. AGE (last birthday) <u>60</u> | | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HR Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer (Retired)</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>Calloway County, U.S.A.</u> |
| 12. CITIZEN OF WHAT COUNTRY | | 13a. FATHER'S NAME <u>Locke Stephens</u> | 13b. MOTHER'S MAIDEN NAME <u>Tennessee Shelton</u> |
| 14. NAME OF HUSBAND OR WIFE <u>Opal Stephens</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown); (If yes, give war or dates of service) <u>NO</u> | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address <u>Mrs Opal Stephens Penick Mo</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>adenocarcinoma of prostate with generalized metastasis</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH <u>ten years</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>arteriosclerotic heart disease; cerebral artery decompensation</u> | | | 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 checked="" 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 <u>5-27-55</u> to <u>10-23-62</u> and last saw her/him alive on <u>10-23-62</u> Death occurred at <u>approximately 2 a.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Robert L. Ward, M.D.</u> | | 22b. ADDRESS <u>Centralia, Missouri</u> | 22c. DATE SIGNED <u>10-24-62</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 23b. DATE <u>10/24/1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Moberly Mo.</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>Carter Funeral Home, Moberly Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>Oct 26-1962</u> | 26. REGISTRAR'S SIGNATURE <u>Maud Mc Bride</u> |

JAN 2 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 Jerry R. Cate
Licensed Embalmer No. 4906

P. O. Address Mobile, 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.

Permit issued Oct 26-1962 - mpe