MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 206 Primary Registration District No. 3042 Registrar's No. 93 STATE FILE NUMBER 0035926

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0621
2 1110
3
4 0
5 1
6
7 0
8 2
9 332x
10
11
12 1-0
13 3-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: 2

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

OCT 11 ED 13 64

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Fredericktown — Length of stay in 1b: 3 Days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Madison Memorial — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY: Wayne
c. CITY OR TOWN: Piedmont — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 111 N 4th — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Vannie — Middle — Last Stephens
4. DATE OF DEATH: Month Sept. Day 29 Year 1964
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-4-86
9. AGE (last birthday): 78 — IF UNDER 1 YEAR: Months 7 Days 25 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): Grandin Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Josiah Stephen
13b. MOTHER'S MAIDEN NAME: Lucinda Stratton
14. NAME OF HUSBAND OR WIFE: Mary E. Malloy Stephens
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): 4
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. L.L. Robert — Address: Piedmont, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Ceberal thrombosis	1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Ceberal Arteriosclerosis.	years
DUE TO (c)	Generalized Arteriosclerosis.	years

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 a.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 Dec. 30, 1961, to Sept. 29, '64 and last saw ~~her~~ him alive on Sept. 28, '64
Death occurred at 2:10 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Charles E. Michaelis MD
22b. ADDRESS: Fredericktown Missouri
22c. DATE SIGNED: 10-6-64
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-2-64
23c. NAME OF CEMETERY OR CREMATORY: Masonic
23d. LOCATION (City, town, or county) (State): Piedmont Mo.
24. FUNERAL DIRECTOR: William Coder — ADDRESS: Piedmont Mo
25. DATE RECD. BY LOCAL REG.: 10-6-64
26. REGISTRAR'S SIGNATURE: Charles Broome, Jr. per MLD

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

OCT 14 1964

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 Coder Funeral Home, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address Piedmont 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.