No. 2
1/47
17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 15 1948

Registration District No. 284

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3056

State File No. 20478

Registrar's No. 190

1. PLACE OF DEATH:
(a) County: Randolph
(b) City or town: Moberly — (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCormick Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether years, months or days)
In this community: 2 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Boone 10
(c) City or town: Sturgeon — (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0 1
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Edmond Lee Stephens
3. (b) If veteran, name war: World War II
3. (c) Social Security No.: 490-01-2801
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Aug (Month) 16 (Day) 1914 (Year)

8. AGE: Years 33 | Months 10 | Days 17 | If less than one day: hr. min.

9. Birthplace: Boone Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business:
FATHER
12. Name: Austin A. Stephens
13. Birthplace: (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name: Nellie Brown
15. Birthplace: (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Son E. Stephens
(b) Address: Sturgeon, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 6 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Hope
18. (a) Signature of funeral director: Barnes & Brooks
(b) Address: Sturgeon - Mo.
19. (a) July 5-48 (Date received local registrar) (b) Leah Williams Lowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3 year 1948 hour 11:45 minute A. M.
21. I hereby certify that I attended the deceased from 1945, 19..., to July 3 48, 19...; that I last saw him alive on July 4 48, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Hemorrhage — Duration
Due to: Superior Thyroid artery — 30 min.
Due to: Thyroid warm.
Due to:
Other conditions: Diabetes (Include pregnancy within 3 months of death) — 1 yr duration
Major findings: (CA)
Of operations: 10 h
Of autopsy:
22 cal. Bullet under left to thyroid gland penetrating the thyroid and missing the 3-4 cervical vert. on left side of neck

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Accident — 10
(b) Date of occurrence: July 48
(c) Where did injury occur? RR #1 Sturgeon Mo. Boone Co. Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place: While hunting & fishing (Specify type of place)
While at work? (e) Means of injury: 22 Cal Rifle
23. Signature: O. Harrell Jr MD (M. D. or other) 2
Address: Sturgeon Mo. Date signed: 3 July 48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

JAN 18 1949

RECEIVED
District Health Officer No. 10
District File Number 7-48-1252
Date Filed JUL 13 1948

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 ..... Registered Apprentice No. ....., working under my personal supervision.

Signed A E Booth

Licensed Embalmer No. 4087

P. O. Address Sturgeon - 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 this body is not embalmed, fact should be so stated above.