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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 29 1948
Registration District No. 38

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32000

Primary Registration District No. 3006

Registrar's No. 265

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Noyes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Days (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Columbia
(If outside city or town limits, write "RURAL")

(d) Street No. Providence Road
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME EDWIN SYDNEY STEPHENS

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary Stephens

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 9 - 4 - 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	1	13	hr. min.

9. Birthplace Columbia (City, town, or county) Missouri (State or foreign country)

10. Usual occupation E.W. Stephens Publishing Co.

11. Industry or business " "

FATHER
12. Name E.W. Stephens
13. Birthplace Columbia (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Laura Moss
15. Birthplace Columbia (City, town, or county) Missouri (State or foreign country)

16. (a) Informant E. Sydney Stephens Jr.
(b) Address Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.

19. (a) 10-19-48 (Date received local registrar) (b) Mrs R E Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17
year 1948 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from Oct 11 1948 to Oct 17 1948
that I last saw him alive on Oct 17 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Spontaneous subarachnoid hemorrhage

Due to arterio-sclerosis

Due to age

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address Columbia Date signed 10/18/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Date Filed

District File Number OCT 28 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 Tom McHarg

Licensed Embalmer No. 4067

P. O. Address Columbia, 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.