

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5417

BIRTH NO. _____		REG. DIST. NO. <u>283</u>		PRIMARY REG. DIST. NO. <u>5650</u>		Registrar's No. <u>167</u>			
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt. Vernon</u>			c. LENGTH OF STAY (If in this place) <u>6 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt. Vernon</u>			55 3 J		
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Missouri State Sanatorium</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ben</u>			b. (Middle)		c. (Last) <u>Stephens</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 17 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH. <u>5-7-93</u>		9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Stone County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>			
13a. FATHER'S NAME <u>Ben Stephens</u>			13b. MOTHER'S MAIDEN NAME <u>Lou Linda McGuire</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>E. McMichael, Record Clerk, Mo. State San Mt. Vernon, Missouri</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial disease with decompensation</u>  ANTECEDENT CAUSES <u>Respiratory insufficiency due to</u> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>pulmonary tuberculosis.</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u> <u>About 30 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>5024</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>2-11-</u> , 19 <u>49</u> , to <u>Feb. 17</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2-17-49</u> , 19 <u>   </u> , and that death occurred at <u>1:15 a</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>P. A. Brushner M.D.</u>				23b. ADDRESS <u>Mt. Vernon, Missouri</u>		23c. DATE SIGNED <u>2-17-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2-17-49</u>	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Galena, Mo</u>				
DATE REC'D BY LOCAL REG. <u>2-19-49</u>		REGISTRAR'S SIGNATURE <u>Paul Hendricks</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ernest J. Cheatham</u>		ADDRESS <u>Galena, Mo</u>			

RECEIVED

District Health Officer No. 67  
District File Number 349-200  
Date Filed 3-2-49

MAR 7 1949

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 .....  
Student Embalmer

Signed Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Havana, 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.