

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 29 1949

State File No. 40180

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>311</u>	
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>		c. LENGTH OF STAY (In this place) <u>12 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>		2. CITY OR TOWN <u>2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone Co Hosp'l</u>				d. STREET ADDRESS (If rural, give location) <u>711 Alton St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lemuel</u>		b. (Middle) <u>Jesse</u>		c. (Last) <u>Stephens</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 14 1949</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>Sept 19-1880</u>	
9. AGE (In years last birthday) <u>69</u>		10. MONTHS <u>2</u>		11. DAYS <u>25</u>		12. HOURS <u></u> MIN. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Don't Know</u>		11. BIRTHPLACE (State or foreign country) <u>Springfield Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Don't Know</u>		13b. MOTHER'S MAIDEN NAME <u>Don't Know</u>		14. NAME OF HUSBAND OR WIFE <u>Laura Louise 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. <u>491-24-2206</u>		17. INFORMANT'S SIGNATURE, OR NAME ADDRESS <u>Laura Louise Stephens, Columbia</u>			
MEDICAL CERTIFICATION							
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u>			
				INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>			
				4200			
				12 yrs			
				12 yrs			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>Bronchial Asthma</u>			
				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>12-10</u> , 19 <u>49</u> , to <u>12-14</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>12-14</u> , 19 <u>49</u> , and that death occurred at <u>11:15 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Roland P. Sadewy MD</u>				23b. ADDRESS <u>16 S. 10th Columbia</u>		23c. DATE SIGNED <u>12-14-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 16 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Columbia Mo</u>	
DATE REC'D BY LOCAL REG. <u>Dec 18, 1949</u>		REGISTRAR'S SIGNATURE <u>Mrs. P. E. Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. O. Willett</u>		ADDRESS <u>Columbia</u>	

District File Number
District Health Officer No. 9
RECEIVED DEC 27 1919

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, ~~and~~

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Lynard H. Sprinkle*

Licensed Embalmer No. *4013*

P. O. Address *Columbia, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.