

FILED APR 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15687

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 36Y PRIMARY REG. DIST. NO. 431 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Warren</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Warrenton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Warrenton</u> 1090	
c. LENGTH OF STAY (in this place) <u>1 yr 3 mo</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kottig Jane Memorial Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>RILEY</u> c. (Last) <u>STEPHENSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 7 1950</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec 20 1879</u>	9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>79 3 17</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>On Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Samuel J Stephenson</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy E. Downs</u>		14. NAME OF HUSBAND OR WIFE <u>Louise Stephenson</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 <u>Nesta Reichgert</u> ADDRESS <u>Troy Mo</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		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>1) Pneumonia bilateral bronchial</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>2) Hypertensive cardio-vascular</u> DUE TO (c) <u>renal disease</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (3) <u>Arteriosclerosis multiple</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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) <u>Warrenton Mo. 4428</u>
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 July 26, 1948, to April 7, 1950, that I last saw the deceased alive on April 6, 1950, and that death occurred at 12:09 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Arnold H. Hatcher</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Warrenton Mo.</u>	23c. DATE SIGNED <u>4-8-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-9-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Troy Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Troy Missouri</u>
DATE REC'D BY LOCAL REG. <u>4-11-50</u>	REGISTRAR'S SIGNATURE <u>Floyd Logan</u>	421	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne M &amp; Coy</u> ADDRESS <u>Troy Mo</u>

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

RECEIVED APR 20 1950  
District Health Officer No. 9,  
District File Number.....

**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.

Signed Wayne Mc Coy.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 35-86.....

P. O. Address Troy 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.