No. 300
10-48

FILED MAR 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5124

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 5581 2001 Registrar's No. 107

0490 1

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

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin - Galena Township
c. LENGTH OF STAY (in this place): 80 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RR

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin 0490 2
d. STREET ADDRESS (If rural, give location): RR (Bell Center)

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): James
c. (Last): Stephens

4. DATE OF DEATH (Month) (Day) (Year): Feb. 28 1951

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 11 1864
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Judge
10b. KIND OF BUSINESS OR INDUSTRY: Law
11. BIRTHPLACE (State or foreign country): Lawrence County, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: John W. Stephens
13b. MOTHER'S MAIDEN NAME: Eliza Gilbert
14. NAME OF HUSBAND OR WIFE: Eliza Stephens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unknown
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Eliza Stephens, RR., Joplin, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 4222

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐ Sec.
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 22, 1950, *to* Feb 24, 1957, *that I last saw the deceased alive on* Feb 17, 1957, *and that death occurred at* 2:20A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Frank James (Degree or title) MD
23b. ADDRESS: Galena Tenn
23c. DATE SIGNED: 3-2-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-2-1951
24c. NAME OF CEMETERY OR CREMATORY: Mount Hope
24d. LOCATION (City, town, or county) (State): Webb City, Missouri

DATE REC'D BY LOCAL REG.: 3-2-51
REGISTRAR'S SIGNATURE: Ed Dames 38 By Dolores Lampkins DL
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Steve Parker Mortuary, Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 3-7-51
Jasper County Health Office
County File Number 51-2-195
Date Filed 3-7-51

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 F. M. Jones
Licensed Embalmer No. 2319
P. O. Address Joplin 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.