S. No. 300
v. 10.48

FILED NOV 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38481

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 262

1883

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

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wabash Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Charlton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salisbury 0210
d. STREET ADDRESS (If rural, give location): So. Grand Ave

3. NAME OF DECEASED (Type or Print)
a. (First): Arthur
b. (Middle): M
c. (Last): Stephenson

4. DATE OF DEATH (Month) Nov (Day) 7 (Year) 1951

5. SEX: M
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 25-1897
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months 7 Days 12 — IF UNDER 24 HRS.: Hours Min.

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

13a. FATHER'S NAME: Jacks
13b. MOTHER'S MAIDEN NAME: Lily Palmer
14. NAME OF HUSBAND OR WIFE: Barbara Stephenson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) X
16. SOCIAL SECURITY NO.: 719-18-4723
17. INFORMANT'S SIGNATURE OR NAME: Louis Blake — ADDRESS: Salisbury, 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) DUODENAL Ulcer — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

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. Sudden Post-op. DEATH, cause? — 5 minutes

19a. DATE OF OPERATION: Nov. 7 '51
19b. MAJOR FINDINGS OF OPERATION: DUOD. ULCER, penetrating to PANCREAS
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 ☐
21f. HOW DID INJURY OCCUR? 5411

22. *I hereby certify that I attended the deceased from* Nov 15, 1950, *to* Nov 7, 1951, *that I last saw the deceased alive on* Nov 7, 1951, *and that death occurred at* 5 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry K Baker M.D.
23b. ADDRESS: Moberly Missouri
23c. DATE SIGNED: Nov 8 '51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-11-1951
24c. NAME OF CEMETERY OR CREMATORY: Salisbury City Cemetery
24d. LOCATION (City, town, or county) (State): Salisbury Mo

DATE REC'D BY LOCAL REG.: Nov 11-51
REGISTRAR'S SIGNATURE: Leah [illegible] 269
25. FUNERAL DIRECTOR'S SIGNATURE: Chas. B. Winkelmeyer — ADDRESS: Salisbury Mo.

(Licensed Embalmer's Statement on Reverse Side)

DEC 6 1951

NOV 1 9 1951 5 1951

Date Received:
DISTRICT HEALTH OFFICE #2
District File Number 11-81-2095
Date Filed: NOV 2 0 1951

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Chas B. Winkelmeyer

Signed.....
Student Embalmer

Licensed Embalmer No. 3842

P. O. Address Salisbury, 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.