S. No. 300
v. 10.48

0362

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4535
State File No.

FILED FEB 25 1952

BIRTH NO. 6652 REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 24

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington
c. LENGTH OF STAY (In this place): 5 da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington
d. STREET ADDRESS (If rural, give location): 422 E. 6th. St.

3. NAME OF DECEASED (Type or Print)
a. (First): DAVID
b. (Middle): ROBERT
c. (Last): STEPHENS JR.

4. DATE OF DEATH (Month) (Day) (Year): Feb. 16 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Feb. 11, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR: Months / Days: 5 / IF UNDER 24 HRS.: Hours / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Washington, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: David R. Stephens
13b. MOTHER'S MAIDEN NAME: Jeanne L. Brake
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: David R. Stephens
ADDRESS: Washington 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): Prematurity — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Premature birth
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
776x
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?:

22. *I hereby certify that I attended the deceased from* 11 Feb, 1952, *to* 16 Feb, 1952, *that I last saw the deceased alive on* 16 Feb, 1952, *and that death occurred at* 3:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Raymond J. Bozo, M.D. (Degree or title)
23b. ADDRESS: Washington, Mo
23c. DATE SIGNED: 18 Feb 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 18, 1952
24c. NAME OF CEMETERY OR CREMATORY: Presbyterian Cemetery
24d. LOCATION (City, town, or county) (State): Washington, Missouri

DATE REC'D BY LOCAL REG.: Feb. 19, 1952
REGISTRAR'S SIGNATURE: F.C. Hudmann by L.C. Hudmann
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Niebergall & Pitt, Inc. Washington, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Lester H. Vitt

Licensed Embalmer No. 3254

P. O. Address Washington, Ill.

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.