

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

7488

State File No. ....

S. No. 300  
v. 10-48

0110  
3

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

BIRTH MO. <b>MAR 31 1952</b> REG. DIST. NO. <b>42</b> PRIMARY REG. DIST. NO. <b>5134</b> Registrar's No. <b>320</b>			
<b>1. PLACE OF DEATH</b> a. COUNTY <b>Buchanan</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Washington</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	
c. LENGTH OF STAY (in this place) <b>Unknown</b>		d. STREET ADDRESS (If rural, give location) <b>616 Mary St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri River</b>			
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>WILLIAM</b> b. (Middle) <b>LAWRENCE</b> c. (Last) <b>STEPHENS</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) found <b>3-20-1952</b>
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Divorced</b>	<b>8. DATE OF BIRTH</b> <b>2-28-1900</b>
<b>9. AGE</b> (In years) (last birthday) <b>52</b>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Minister</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Barnett, Missouri</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Minister</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Church</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
<b>13a. FATHER'S NAME</b> <b>Thomas D. Stephens</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Permelia Wood</b>	
<b>13c. NAME OF HUSBAND OR WIFE</b> <b>Verda Stephens</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Verda Stephens</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Mrs. Lydia Caldwell, Spgfd., Mo.</b>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Drowned.</b>		<b>E975X</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <b>1 day.</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>Man's body was found floating in the Missouri River on Mar 28-1952.</b> DUE TO (c) <b>about 3 miles south of #36 Highway bridge St Joseph, Mo. man had threatened suicide by jumping into the river. He had been missing to his friends since Nov 14th 1951.</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>Missing to his friends since Nov 14th 1951.</b>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <b>Suicide</b>		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Missouri River</b>	
<b>21c. (COUNTY) OR TOWNSHIP</b> (COUNTY) (STATE) <b>Washington, Buchanan Missouri</b>		<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hours) <b>Mar 20-1952 11 A.</b>	
<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <b>Man's body was found floating in the river</b>	
<b>22. I hereby certify that I attended the deceased from <u>3/20</u>, 19<u>52</u> to <u>3/22</u>, 19<u>52</u>, that I last saw the deceased alive on <u>3/20</u>, 19<u>52</u>, and that he died at <u>11 A.</u> m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <b>H F Mundy M.D. (Coroner)</b>		<b>23b. ADDRESS</b> <b>St. Joseph, Mo.</b>	
<b>23c. DATE SIGNED</b> <b>3/22/52</b>		<b>23d. NAME OF CEMETERY OR CREMATORY</b> <b>Odd Fellows</b>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>24b. DATE</b> <b>3-22-1952</b>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Odd Fellows</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Joseph, Missouri</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>MAR. 26, 1952</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Carl C. Case</b>	
<b>5. FUNERAL DIRECTOR'S SIGNATURE</b> <b>John [Signature]</b>		<b>ADDRESS</b> <b>St. Joseph, Mo.</b>	

**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 \_\_\_\_\_

*John E. Rupp*  
3986

Licensed Embalmer No. \_\_\_\_\_

P. O. Address *St. Joseph 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.