

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7614**

No. 300
10-48
FILED MAR 23 1952

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **5164** Registrar's No. **94**

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution.) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) Rural, Fulton Twp		c. CITY (If outside corporate limits, write RURAL and give township) Fulton 0140	
c. LENGTH OF STAY (In this place) 41 yrs.		d. STREET ADDRESS (If rural, give location) R. F. D. # 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home			

3. NAME OF DECEASED (Type or Print) Jacob	a. (First)	b. (Middle) --	c. (Last) Stephenson	4. DATE OF DEATH (Month) (Day) (Year) Mar, 18, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct, 20, 1862	9. AGE (In years last birthday) Months Days 89 4 28	IF UNDER 1 YEAR 4	IF UNDER 24 HRS. 28
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer and	10b. KIND OF BUSINESS OR INDUSTRY Coal Miner	11. BIRTHPLACE (City and State or Foreign Country) Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Jacob Stephenson Sr.,	13b. MOTHER'S MAIDEN NAME Louisa Forsyth	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Charles Stephenson, Fulton, MO R# 3	ADDRESS
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Spastic Coronary artery		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiovascular Hypertension DUE TO (c) arterio-sclerosis		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Semite nephritis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION. 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **2-16, 1952** to **2-24, 1952** that I last saw the deceased alive on **2-24, 1952** and that death occurred at **11 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE M. D. Lawrence	(Degree or title) M.D.	23b. ADDRESS R.F.D. Fulton Mo	23c. DATE SIGNED 3-19-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar, 19, 1952	24c. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cem.	24d. LOCATION (City, town, or county) (State) Rural Fulton Mo
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DATE REC'D BY LOCAL REG. Mar-19-1952	REGISTRAR'S SIGNATURE Maretha Lawrence	426-0	25. FUNERAL DIRECTOR'S SIGNATURE Wallace Funeral Home, Fulton Mo	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *William E. Truse*

Licensed Embalmer No. *4870*

P. O. Address *Hutton 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.