No. 300
10.48

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

FILED APR 1 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11710

BIRTH NO. _____ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 6121 Registrar's No. 169

1. PLACE OF DEATH
a. COUNTY: Shannon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Birch Tree Twp.
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):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Shannon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Birch Tree 1010
d. STREET ADDRESS (If rural, give location): 0

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

4. DATE OF DEATH (Month) (Day) (Year): Feb 29-1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 28- 1880
9. AGE (In years last birthday): 71 — If under 1 year: Months 8, Days 5 — If under 24 hrs.: Hours, Min.

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

13a. FATHER'S NAME: unknown
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Samuel R. Stephens

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.:
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Sam Stephens Birch Tree, 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) Apoplexy — 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) Arterial Tension

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

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

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 334X
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* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* about 2/1, 1952, *and that death occurred at* 9:30pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. L. Davis MD. O
23b. ADDRESS: Birch Tree
23c. DATE SIGNED: 3/28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-3-52
24c. NAME OF CEMETERY OR CREMATORY: Montier
24d. LOCATION (City, town, or county) (State): Montier, Mo.

DATE REC'D BY LOCAL REG.: 3-31-52
REGISTRAR'S SIGNATURE: Mabel Roen
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Duncan Funeral Home Mtn View, Mo.

(Licensed Embalmer's Statement on Reverse Side)

APR 2

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 Joe R. Duncan

Licensed Embalmer No. L 325

P. O. Address Mt. View, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.