

FILED MAY 1 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13839**

BIRTH NO. _____		REG. DIST. NO. <u>280</u>		PRIMARY REG. DIST. NO. <u>4423</u>		Registrar's No. <u>36</u>	
1. PLACE OF DEATH a. COUNTY <u>Platte</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Weston</u>		c. LENGTH OF STAY (in this place) <u>Weston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Weston</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Reba</u>			b. (Middle) <u>Joan</u>		c. (Last) <u>Stephens</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-21-52</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Sept. 8-1936</u>	9. AGE (In years last birthday) <u>15</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School-girl</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>school</u>		11. BIRTHPLACE (State or foreign country) <u>Weston, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Albert Berton Stephens</u>			13b. MOTHER'S MAIDEN NAME <u>Adath Pigman</u>		14. NAME OF HUSBAND OR WIFE <u>xx</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Birt Stephens</u> ADDRESS <u>Weston, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arrhenoblastoma (noticed a protrusion of abdomen early in childhood)</u> ANTECEDENT CAUSES <u>Malignant growth</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>XXXXXX</u> II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. <u>XXXXXX</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Undetermined</u>
19a. DATE OF OPERATION <u>Oct. 51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Large ovarian tumor, almost as large as adult head. Arrhenoblastoma</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>XXXXXX</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>XXXX</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Weston</u> (COUNTY) <u>Platte</u> (STATE) <u>Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>XXXXXXXX</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>XXXXXX</u>			
22. I hereby certify that I attended the deceased from <u>Oct. 15, 1951</u> , to <u>Apr. 21, 1952</u> that I last saw the deceased alive on <u>Apr. 21, 1952</u> , and that death occurred at <u>1 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Paul G. Calver</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Weston Mo.</u>		23c. DATE SIGNED <u>4/23/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-23-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Graceland cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>WESTON MO.</u>		
DATE REC'D BY LOCAL REG. <u>4-23-52</u>		REGISTRAR'S SIGNATURE <u>R. P. Rullini</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>VAUGHN FUNERAL HOME</u> ADDRESS <u>WESTON MO</u>			

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

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MO

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 W. R. Vaughn

Licensed Embalmer No. 7023

P. O. Address Weston, 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.