S. No. 300
v. 10.46

0140

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

JUN 30 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19689

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5167 Registrar's No. 233

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hatton Liberty Twp
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home N.W. Hatton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Callaway 014
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hatton 0
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): BENJAMIN
b. (Middle): HALL
c. (Last): STEPHENS

4. DATE OF DEATH (Month) (Day) (Year): June 25, 1952

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: July 24, 1860

9. AGE (In years last birthday): 91 — If under 1 year: Months 11, Days 1 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (City and State or Foreign Country): Callaway County, Missouri. 6

12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Lock W. Stephens

13b. MOTHER'S MAIDEN NAME: Sallie Jane Stephens

14. NAME OF HUSBAND OR WIFE: Maude Jefferies 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: Mrs. L.P. Singleton, Hatton, 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) Carcinoma of transverse colon

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

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

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 153X

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 Oct., 1951, to 25 June 52, 19____, that I last saw the deceased alive on June 14, 1952, and that death occurred at 4:25 P m., from the causes and on the date stated above.

23a. SIGNATURE: LeRoy Miller (Degree or title) M.D.
23b. ADDRESS: Columbia Mo.
23c. DATE SIGNED: 26 June 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 27, 1952
24c. NAME OF CEMETERY OR CREMATORY: Old Cedar
24d. LOCATION (City, town, or county) (State): Callaway County, Missouri.

DATE REC'D BY LOCAL REG.: June 28 1952
REGISTRAR'S SIGNATURE: Maretta Lawrence 426 U
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Parker Funeral Service, Columbia 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 Chas L Zaring

Licensed Embalmer No. 4132

P. O. Address Columbia, M

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.