

AUG 26 1952

# STANDARD CERTIFICATE OF DEATH

State File No. 28510  
Registrar's No. 129

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Webb City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Webb City</b>	
c. LENGTH OF STAY (in this place) <b>21 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>810 West 2nd St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>810 West 2nd St.</b>			

3. NAME OF DECEASED a. (First) <b>JASPER</b> b. (Middle) <b>W.</b> c. (Last) <b>STEPHENS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>August 17, 1952</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>April 13, 1857</b>	9. AGE (In years last birthday) <b>95</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>4</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>
13a. FATHER'S NAME <b>Ruben R. Stephens</b>			13b. MOTHER'S MAIDEN NAME <b>Julia Ann Johnson</b>		14. NAME OF HUSBAND OR WIFE <b>Martha Alice Stephens</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Miss Goldia Stephens</b> ADDRESS <b>Webb City, Missouri</b>	

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>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
		ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) <b>Paralytic Urinary Infection</b>	
				DUE TO (c) <b>Prostatic Hypertrophy</b>	
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>610X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **July 17, 1952**, to **Aug 17, 1952**, that I last saw the deceased alive on **Aug 17, 1952**, and that death occurred at **6:10 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>P. Johnson</b> (Degree or title) <b>DO</b>		23b. ADDRESS <b>624 1/2 Broadway, Webb City, Mo.</b>		23c. DATE SIGNED <b>8/18/52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug. 20, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Crescent Hill Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Adrian, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>8/19-52</b>		REGISTRAR'S SIGNATURE <b>Mrs. Madeline Switzer</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Hedge Lewis</b> ADDRESS <b>Webb City, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED 8-25-52  
Jasper County Health Office

County File Number 5215/165

Date Filed 8-25-52

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 Leonard J. Lewis Jr.

Licensed Embalmer No. 4561

P. O. Address Webb City, 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.