

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32283**

FILED OCT 15 1952

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **320**

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

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 1902 Gordon St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) HENRY c. (Last) STEPHENS		4. DATE OF DEATH (Month) (Day) (Year) Oct. 7, 1952	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 3, 1860
9. AGE (In years last birthday) 92		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) railroad work	11. BIRTHPLACE (City and State or Foreign Country) Frankford, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) railroad work		10b. KIND OF BUSINESS OR INDUSTRY Burlington R. R.	12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Joel Stephens		13b. MOTHER'S MAIDEN NAME Julia Ann Soloman		14. NAME OF HUSBAND OR WIFE Mrs. Myrtle Stephens	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Myrtle Stephens, 1902 Gordon Hannibal, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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.			
		intervertebral fracture right hip.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 119		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.) home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 23 1952 8 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? fell at home	
22. I hereby certify that I attended the deceased from Sept 23, 1952 , to Oct 7, 1952 , that I last saw the deceased alive on Oct 7, 1952 , and that death occurred at 11:20 A.M. , from the causes and on the date stated above.					

23a. SIGNATURE (Degree or title) M.A. Been MD		23b. ADDRESS Hannibal, Mo		23c. DATE SIGNED Oct 10/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 10/10/52		24c. NAME OF CEMETERY OR CREMATORY Hope Cemetery	
				24d. LOCATION (City, town, or county) (State) Ralls county, Mo.	

DATE REC'D BY LOCAL REG. 10-10-52		REGISTRAR'S SIGNATURE Dr. E.M. Lucke		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Jack Schwartz - Hannibal, Mo.	
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RECEIVED OCT 19 1952

MARION CO. HEALTH DEPT.

DATE FILED OCT 19 1952

JUL 21 1954

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 Jack Schwartz

Licensed Embalmer No. 24900

P. O. Address Hannibal, 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.