

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 5134

10.48 FEB 28 1953

BIRTH NO. _____		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>4092</u>		Registrar's No. <u>33</u>	
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Archie</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Archie</u>		0192	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>2 miles south Dougherty</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Irvin</u>		b. (Middle) <u>Birdie</u>		c. (Last) <u>Stephens</u>	
4. DATE OF DEATH		(Month) <u>Feb</u>		(Day) <u>16</u>		(Year) <u>53</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 3, 1895</u>	
9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Dayton, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>John Thomas Stephens</u>				13b. MOTHER'S MAIDEN NAME <u>Eliza Olive Bush</u>		14. NAME OF HUSBAND OR WIFE <u>Mac Stephens</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>492-14-1867</u>		17. BURNHAM'S SIGNATURE OR NAME <u>Mrs. Mac Stephens Harrisonville Mo.</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Killed in accident. Skull fracture</u>							
INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>							
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.							
ANTECEDENT CAUSES							
Morbid conditions, if any, giving DUE TO (b) _____							
rise to the above cause (a) stating the underlying cause last. _____							
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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Archie 019 Cass Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb. 16 '53 10:45</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Struck by train at crossing</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:45</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. V. Murray M.D. Croner</u>				23b. ADDRESS <u>Pleasant Hill, Mo.</u>		23c. DATE SIGNED <u>Feb 17, 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 18, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Borden City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Borden City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Feb 17, 1953</u>		REGISTRAR'S SIGNATURE <u>Nora Barner</u>		457-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alvin & Shirley - Borden City Mo.</u>	
ADDRESS _____							

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 18 1959

FEB 24 1954

RECEIVED
FEB 21
CASS COUNTY
HEALTH DEPARTMENT

MAR 11 1959

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 *Ray J. Shiley*
Licensed Embalmer No. 4685
P. O. Address *London 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.