

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32589**

FILED OCT 5 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **297**

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b>	c. LENGTH OF STAY (in this place) <b>43 yrs</b>	c. CITY OR TOWN <b>Sedalia</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>239 E. Saline</b>		e. STREET ADDRESS (If rural, give location) <b>239 E. Saline 0809</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Walter</b> b. (Middle) <b>Elmer</b> c. (Last) <b>Stephens</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 27 1953</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>May 20 1884</b>	9. AGE (In years last birthday) <b>69</b>	10. UNDER 1 YEAR <b>4</b>	11. UNDER 1 HRS. <b>7</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (City and State or Foreign Country) <b>Moniteau Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>George Stephens</b>	13b. MOTHER'S MAIDEN NAME <b>Nancy Stephens</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Edith Stephens</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>499-16-6739</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Mary Edith Stephens</b>	ADDRESS <b>Sedalia</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Sclerosis</b> DUE TO (c) <b>Senile Heart Disease</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4.201</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **invested the body of the deceased, as Deputy Coroner of Pettis County, Mo.** on **Sept 27, 1953**, and that death occurred at **8:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J.M. Rodman, M.D. Deputy Coroner, Pettis County, Mo.</b>	23b. ADDRESS <b>219 1/2 S Ohio - Sedalia, Mo.</b>	23c. DATE SIGNED <b>9-27-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9-29-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Crown Hill</b>	24d. LOCATION (City, town, or county) (State) <b>Sedalia Mo</b>
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DATE REC'D BY LOCAL REG. <b>9-29-53</b>	REGISTRAR'S SIGNATURE <b>A. J. Campbell</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>McLaughlin Bros</b>	ADDRESS <b>Sedalia</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....  
Signature of Student Embalmer

Signed.....  
*K.P.M. Lary*

Licensed Embalmer No..... 3152

P. O. Address..... Sedal

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.