

STANDARD CERTIFICATE OF DEATH

State File No. **39972**

FILED NOV 17 1953

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 4429 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY Platte		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Platte	
b. CITY OR TOWN Weston <i>WESTON</i>		c. CITY OR TOWN Weston <i>WESTON</i>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) 0830	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) Walter Benjamin Stephens	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH Nov. 7, 1953	(Month)	(Day)	(Year)
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 24, 1899	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR	IF UNDER 12 HRS.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Filling Station		11. BIRTHPLACE (State or foreign country) Weston, Missouri		12. CITIZEN OF WHAT COUNTRY? 0	

13a. FATHER'S NAME John Stephens	13b. MOTHER'S MAIDEN NAME Florence Garvin	14. NAME OF HUSBAND OR WIFE Betty B. Bland
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 496-05-2525	17. INFORMANT'S SIGNATURE OR NAME Mrs. Walter Stephens--Weston, Mo.	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 yr
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of the prostate	ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthenia, 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 (c) _____		
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION 9-15-53	19b. MAJOR FINDINGS OF OPERATION Cancer of the prostate	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) 177X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 9-10- 19 53, to 11-7-53, 19____, that I last saw the deceased alive on 11-5-53, (9), and that death occurred at 9:30a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title) D.O.	23b. ADDRESS Weston, Mo.	23c. DATE SIGNED 11-8-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-9-53	24c. NAME OF CEMETERY OR CREMATORY Mt. Bethel Cem.	24d. LOCATION (City, town, or county) (State) Platte Co. Missouri
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DATE REC'D BY LOCAL REG. 11-8-1953	REGISTRAR'S SIGNATURE <i>[Signature]</i> 257	25. FUNERAL DIRECTOR'S SIGNATURE Vaughn Funeral Home, Weston, MO.	ADDRESS _____
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WRITE PLAINLY—USING UNFADEING 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
Student Embalmer

Signed W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, Mo.

Note:- The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.