

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 21 1954

BIRTH NO. _____		REG. DIST. NO. 370		PRIMARY REG. DIST. NO. 6251		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Wayne 1110				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri , b. COUNTY Wayne			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN McGee Rural Jefferso		c. LENGTH OF STAY (in this place) T.S.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jefferson T.S. 1110		d. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED a. (First) John b. (Middle) Wesley c. (Last) Stephens				4. DATE OF DEATH (Month) (Day) (Year) 1 4 54			
5. SEX M 0		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov 6 1860	
9. AGE (In years last birthday) 93		IF UNDER 1 YEAR Months 1 Days 28		IF UNDER 24 HRS. Hours 0 Min. 0		11. BIRTHPLACE (State or foreign country) Marquand Mo. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer				10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME Zenith Stephens		13b. MOTHER'S MAIDEN NAME No Data		14. NAME OF HUSBAND OR WIFE Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____			
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, asthma, etc.—It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Hypertension & Senility Morbidity conditions, if any, giving rise to the above cause (a) starting 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.				INTERVAL BETWEEN ONSET AND DEATH 48 Hrs	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? 331X YES <input type="checkbox"/> NO <input 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 (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? _____					
22. I hereby certify that I attended the deceased from Aug , 19 52 , to 4 Jan , 19 54 , that I last saw the deceased alive on 22 Dec , 19 54 , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE D. H. Merrill, D.O.				23b. ADDRESS Advance, Mo.		23c. DATE SIGNED 13/6/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 6 54		24c. NAME OF CEMETERY OR CREMATORY Stephens		24d. LOCATION (City, town, or county) (State) McGee Missouri	
DATE REC'D BY LOCAL REG. Jan 15-54		REGISTRAR'S SIGNATURE Gretta M. Ward 495		25. FUNERAL DIRECTOR'S SIGNATURE Watkins Service Purvis ADDRESS Mo			

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

RECEIVED

JAN 19 1954

WAYNE CO. HEALTH CENTER

FILE No. 154-3

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 Walter Marsh Watkins

Licensed Embalmer No. 8717

P. O. Address Dexter, 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.