

FILED MAY 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12420**

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2201</u>		Registrar's No. <u>193</u>			
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>MISSOURI</u> COUNTY <u>JASPER</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>JOPLIN</u>		c. LENGTH OF STAY (In this city or township) <u>14 YRS</u>		c. CITY OR TOWN <u>JOPLIN</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>402 N. JOPLIN</u>				e. STREET ADDRESS (If rural, give location) <u>402 N. JOPLIN</u> ⁰⁴⁹⁵					
3. NAME OF DECEASED (Type or Print) a. (First) <u>OLIVER</u>		b. (Middle) <u>O'CONNOR</u>		c. (Last) <u>STEPHENS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 28, 1954</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JAN 2-1886</u>			
9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CABINET MAKER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ARKANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>ISAAC W. STEPHENS</u>		13b. MOTHER'S MAIDEN NAME <u>MARY I. MERRINE</u>		14. NAME OF HUSBAND OR WIFE <u>VIVIAN STEPHENS</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no, specify) <u>YES</u>		16. SOCIAL SECURITY NO. <u>W.W.I</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. VIVIAN STEPHENS</u> ADDRESS <u>JOPLIN</u>					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral embolism</u> ANTECEDENT CAUSES 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.				INSET BETWEEN ONSET AND DEATH <u>5 min.</u>	
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) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>332X</u>					
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? _____					
22. I hereby certify that I attended the deceased from not previously, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:00 P.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>E. H. Hamilton</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>617 Frisco Bldg. Joplin, Missouri</u>		23c. DATE SIGNED <u>4-30-54</u>			
24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY-1-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OZARK MEMORIAL</u>		24d. LOCATION (City, town, or county) (State) <u>JOPLIN-MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>5-3-54</u>		REGISTRAR'S SIGNATURE <u>Ed S. Jager</u> <u>138</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>HUR/BUFFLOVER</u> ADDRESS <u>JOPLIN</u>					

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

DEC 29 1958

MAY 27 1959

MAY 12 1959

RECEIVED MAY 10
Jasper County Health Office
County File Number 54-5-
Date Filed MAY 10 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.....
Signature of Student Embalmer

Signed *Dale Glover*

Licensed Embalmer No. 459

P. O. Address *Joplin*

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.