

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40428

State File No.

FILED JAN 10 1955

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 4138 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>CLINTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>CLINTON</u>	
b. CITY OR TOWN <u>LATHROP</u>		c. CITY OR TOWN <u>LATHROP</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>1 yr.</u>		STREET ADDRESS (If rural, give location) <u>0250</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WM.</u> b. (Middle) <u>JACKSON</u> c. (Last) <u>STEPHENS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 30-1954</u>		
---	--	--	---	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>August 16 1898</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
--------------------	-------------------------------	--	--	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad Section Chief</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Douglas Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U-S.</u>	
---	--	---	--	---	--	--	--

13a. FATHER'S NAME <u>JIM STEPHENS</u>		13b. MOTHER'S MAIDEN NAME <u>LUCINDA ALLEN</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
--	--	--	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>712-12-7588</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Raymond Stephens</u> ADDRESS <u>Lathrop Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chl. myocarditis</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.			INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
---	--	---	--	--	--

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>No</u> 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>Lathrop Mo. 4222</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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ott J. Reisman D.O.</u>		23b. ADDRESS <u>Lathrop Mo.</u>		23c. DATE SIGNED <u>12-31-54</u>	
---	--	---------------------------------	--	----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-31-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet</u>		24d. LOCATION (City, town, or county) (State) <u>Kearney Mo.</u>	
---	--	---------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. <u>1-5-55</u>		REGISTRAR'S SIGNATURE <u>Winifred W. Mosler</u>		390. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Kearney</u> ADDRESS <u>Mo.</u>	
--	--	---	--	---	--

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

MAR 9 1951

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 *Leonard Fry*.....

Licensed Embalmer No. *167*

P. O. Address *Kearney*

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.