

FILED MAY 31 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Stephens

15309

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>140</u>		PRIMARY REG. DIST. NO. <u>4429</u>		Registrar's No. <u>43</u>			
1. PLACE OF DEATH a. COUNTY <u>Howard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u>				b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>New Franklin</u>		c. LENGTH OF STAY (in this place) <u>6 mo</u>		c. CITY OR TOWN <u>Pilot Grove</u>		d. RESIDENCE WITHIN LIMITS OF A CITY OR INCORPORATED TOWNSHIP Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) <u>8 miles southwest of Pilot Grove</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>			b. (Middle) <u>MORGAN</u>		c. (Last) <u>STEPHENS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 23, 1955</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Jan 25, 1864</u>		9. AGE (In years, months, and days) (If under 1 year, give hours and minutes) <u>91</u> years <u>9</u> months <u>9</u> days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>James town, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Kemp Stephens</u>			13b. MOTHER'S MAIDEN NAME <u>Hulda Kerpow</u>		13c. NAME OF HUSBAND OR WIFE <u>Sapronia Jane Stephens</u>				
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 <u>W.H. Stephens, Pilot Grove, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>						INTERVAL BETWEEN ONSET AND DEATH <u>60 hours</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility &amp; general debility</u>							
		DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute prostatitis, bilateral</u>		<u>45 hrs.</u>					
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>5-22-55</u> , 19 <u>55</u> , to <u>5-23</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>5-23</u> , 19 <u>55</u> , and that death occurred at <u>7p</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>J. A. Walker, M.D.</u>			(Degree or title)			23b. ADDRESS <u>Boonville, Mo.</u>		23c. DATE SIGNED <u>5/24/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>May 25, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Green</u>		24d. LOCATION (City, town, or county) (State) <u>Pilot Grove, Mo</u>			
DATE REC'D BY LOCAL REG. <u>5/24/55</u>		REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>		43		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hayes - Painter, Pilot Grove, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 *Robert L. Painter*.....

Licensed Embalmer No. *400*.....

P. O. Address *Pilot Gr*.....

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.