

FILED JUL 5 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18334

State File No. ....

BIRTH NO. 35100-55 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 535-B

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>		c. LENGTH OF STAY (In this place) <u>10 min</u>	c. CITY OR TOWN <u>SPRINGFIELD</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>BAPTIST HOSPITAL</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>X</u>	
e. STREET ADDRESS <u>3110 W. Monroe</u>		o <u>3960</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>DEBRA</u>	b. (Middle) <u>CAROL</u>	c. (Last) <u>STEPHENS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 19, 1955</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>June 19, 1955</u>
9. AGE (In years last birthday) -----	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -----	11. BIRTHPLACE (City and State or Foreign Country) <u>Springfield, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Springfield, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	13a. FATHER'S NAME <u>Earl Edmond Stephens</u>	
13b. MOTHER'S MAIDEN NAME <u>Olive Virginia White</u>		14. NAME OF HUSBAND OR WIFE -----	
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>Earl E. Stephens, 2110 W. Monroe, Springfield, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital atelectasis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Agnesia both kidneys &amp; both ureters</u> DUE TO (c) <u>premature labor at 7 months double foetal presentation</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	
19a. DATE OF OPERATION -----		19b. MAJOR FINDINGS OF OPERATION <u>7625</u>	
20. AUTOPSY? YES <input checked="" 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 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>June 19, 1955</u> , to <u>June 19, 1955</u> , that I last saw the deceased alive on <u>June 19, 1955</u> , and that death occurred at <u>5:40p m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Dress or title) <u>Raymond C. Coover, M.D.</u>		23b. ADDRESS <u>Springfield, Missouri</u>	
23c. DATE SIGNED <u>6-20-55</u>		24a. BURNED, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>6/21/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>		DATE REC'D BY LOCAL REG. <u>6-24-55</u>	
REGISTRAR'S SIGNATURE <u>Lucretia Williamson</u>		5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. Klingner &amp; Co. Springfield, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side) JAC

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 *Pat*....., Student Embalmer No..... working under my personal supervision.

Student.....  
Signature of Student Embalmer

*Pat Embalm*  
Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.