

FILED JUL 12 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19181

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5578 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL Joplin TWP		c. CITY OR TOWN WEBB CITY	
c. LENGTH OF STAY (in this place) 55 YRS		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION RURAL ROUTE #1 WEBB CITY		e. STREET ADDRESS (If rural, give location) RURAL RT#1 WEBB CITY, MO 8490	
3. NAME OF DECEASED a. (First) CHARLES b. (Middle) ROSCO c. (Last) STEPHENS			4. DATE OF DEATH (Month) (Day) (Year) JULY 4 1955
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUGUST 22, 1896
9. AGE (In years last birthday) 58		10. MONTHS 10	11. DAYS 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and State or Foreign Country) MARIONVILLE, MISSOURI
12. CITIZENSHIP OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME JAMES STEPHENS	
13b. MOTHER'S MAIDEN NAME HATTIE LEWIS		14. NAME OF HUSBAND OR WIFE FLOSSIE STEPHENS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME FLOSSIE STEPHENS		ADDRESS RT#1 WEBB CITY, MO	
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) Cerebral Thromboses ANTECEDENT CAUSES DUE TO (b) Cerebral arteriosclerosis DUE TO (c) 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	
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) m.		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 9-16-54, 19 54, to 6-28, 19 55, that I last saw the deceased alive on 6-28, 19 55, and that death occurred at 6:00 P.M. / July 4, 1955 from the causes and on the date stated above.	
23a. SIGNATURE Richard R. Coble, M.D.		23b. ADDRESS Carthage, Mo.	
23c. DATE SIGNED 7-6-55		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE 7-7-1955		24c. NAME OF CEMETERY OR CREMATORY ORONOGO CEMETERY	
24d. LOCATION (City, town, or county) ORONOGO		(State) MO	
DATE REC'D BY LOCAL REG. 7-7-55		REGISTRAR'S SIGNATURE 474 Mrs. Madeline Switzer	
25. FUNERAL DIRECTOR'S SIGNATURE HEDGE-LEWIS FUNERAL HOME		ADDRESS WEBB CITY, MO	

(Licensed Embalmer's Statement on Reverse Side)

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

5490

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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 *Richard Gray* .....

Licensed Embalmer No. *44* .....

P. O. Address *Webb C* .....

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.