

FILED SEP 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27362

State File No.

BIRTH NO. _____ REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 6059 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>St Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Appleton City</u>		c. LENGTH OF STAY (in this place) <u>10 years</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Farm 1 1/2 miles So. Appleton City</u>		e. CITY OR TOWN <u>Appleton City</u>	
3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>Irvin</u> c. (Last) <u>Stephens</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 7-1955</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 15-1892</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (In years last birthday) <u>63</u> IF UNDER 1 YEAR Months _____ Days _____ IF OVER 1 YRS. Hours _____ Min. _____
11a. FATHER'S NAME <u>James L. Stephens</u>		11b. MOTHER'S MAIDEN NAME <u>Vitulia Settles</u>	11c. NAME OF HUSBAND OR WIFE <u>Winnie Stephens</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. BIRTHPLACE (City and State or Foreign Country) <u>Montrose, Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>497-30-301</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.		17. INFORMANT'S SIGNATURE OR NAME <u>Winnie Stephens</u> ADDRESS <u>Appleton City</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed Chest and Broken Back</u>		INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Right and Left Leg Fractures</u> DUE TO (c) <u>Left Shoulder Broken</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 _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		E9121 3	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>On Farm</u>	
21c. (CITY, TOWN, OR TOWNSHIP) <u>Appleton City</u> (COUNTY) <u>St. Clair</u> (STATE) <u>Mo.</u>		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>9-7-55 5:45P</u>	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Tractor Overturned while in Motion</u>	
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>James L. Stephens</u>		23b. ADDRESS <u>Appleton City</u>	
23c. DATE SIGNED <u>8-8-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 11-1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Appleton City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Appleton City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 10, 1955</u>		REGISTRAR'S SIGNATURE <u>Chas. Conroy</u> 285	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Melvin J. Janssens</u>		ADDRESS <u>Appleton City</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

SEP 20 1955

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 *Melvin L. Janssens*

Licensed Embalmer No. 452

P. O. Address *Appleton, Wis.*

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.