

FILED SEP 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **30093**BIRTH NO. _____ REG. DIST. NO. **178** PRIMARY REG. DIST. NO. **4281** Registrar's No. **70**

1. PLACE OF DEATH a. COUNTY Lewis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lewis		
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural Canton		c. LENGTH OF STAY (in this place) Life	c. CITY OR TOWN Rural		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION At home			e. STREET ADDRESS (If rural, give location) Ten Mile, Lewis County, Mo		
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Morton c. (Last) Stephenson			4. DATE OF DEATH (Month) (Day) (Year) Sept. 23, 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH August 20, 1864	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months Days Hours Min. 91
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) Lewis County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Ruben Stephenson		13b. MOTHER'S MAIDEN NAME Elizabeth Givens		14. NAME OF HUSBAND OR WIFE Quiltincy Bland	
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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Givens Stephenson, Canton, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic toxemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic nephritis DUE TO (c) 592X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 mos.
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 12/14 , 19 50 to 9/22 , 19 55 , that I last saw the deceased alive on 9/22 , 19 55 , and that death occurred at 6:15A m., from the causes and on the date stated above.					
23a. SIGNATURE W. B. Dodson		(Degree or title) M.D.	23b. ADDRESS Canton, Mo.		23c. DATE SIGNED 9/24/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 25, 1955	24c. NAME OF CEMETERY OR CREMATORY Ten Mile Cemetery		24d. LOCATION (City, town, or county) (State) Lewis County, Mo.	
DATE REC'D BY LOCAL REG. 9-24-55	REGISTRAR'S SIGNATURE P. W. Jennings, M.D.		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Carl H. Buckley, Canton, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

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48

OCT 22 1950

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, *Earl H. Buckley*.....

Licensed Embalmer No. *261*.....

P. O. Address *Clinton*.....

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.