

FILED NOV 1 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32659

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>93</u>		PRIMARY REG. DIST. NO. <u>5340</u>		Registrar's No. <u>55-84</u>				
1. PLACE OF DEATH a. COUNTY <u>Dade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u>				b. COUNTY <u>Dade</u>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Smith Twp</u>)			c. LENGTH OF STAY (in this place) <u>3yrs</u>		c. CITY OR TOWN <u>So Greenfield mo</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mitchell Nursing Home</u>				STREET ADDRESS (If rural, give location) <u>3mi w^o Greenfield Mo.</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>			b. (Middle) <u>Payton</u>		c. (Last) <u>Stephens</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 20 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>Oct 14 1874</u>		9. AGE (In years last birthday) <u>81</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>6</u> IF UNDER 24 HRS: Hours <u>0</u> Min. <u>0</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Dade Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Ruby Stephens</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J.A. Finley Lockwood Mo</u>				ADDRESS _____	
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) <u>Heart failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Senility</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND 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)		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>after death</u> , 19 <u>55</u> , to <u>10-20-55</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>2:45a</u> m., from the causes and on the date stated above.										
23a. SIGNATURE <u>W. R. Allison</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Greenfield Mo</u>				23c. DATE SIGNED <u>10-20-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-22-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Sylvania Mo</u>				
DATE REC'D BY LOCAL REG. <u>10-22-55</u>		REGISTRAR'S SIGNATURE <u>J. C. Canada</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>V. R. Allison</u>		ADDRESS <u>Greenfield Mo</u>			

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 *W.R. Allison*.....

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

P. O. Address *Greenville*.....

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.