

No. 300
10-48

FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8606**

0230
3

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5390 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent	
b. CITY (If outside corporate limits, write RURAL and give township) Rural-Springcreek		c. LENGTH OF STAY (in this place) Years	c. CITY OR TOWN Salem
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS Carty Street		0230	

3. NAME OF DECEASED (Type or Print)	a. (First) HOWARD	b. (Middle) DELBERT	c. (Last) STEPHENS	4. DATE OF DEATH (Month) (Day) (Year) March 3 1956
-------------------------------------	--------------------------	----------------------------	---------------------------	---

5. SEX Male	6. COLOR (OR RACE) White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 31, 1908	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months 47 Days 0 Hours 0 Min.	IF UNDER 24 HRS. Hours 0 Min.
--------------------	---------------------------------	---	---------------------------------------	---	--	--------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and State or Foreign Country) Dent County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
---	--	---	---

13a. FATHER'S NAME Jerome Penson Stephens	13b. MOTHER'S MAIDEN NAME Mary Frances Linville	14. NAME OF HUSBAND OR WIFE Grace Stephens
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 498-38-1249	17. INFORMANT'S SIGNATURE OR NAME Grace Stephens, Salem, Mo.	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basal Skull Fracture with intracranial hemorrhage 3 hrs.		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		9121	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 3	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm	21c. (CITY, TOWN, OR TOWNSHIP) Dent (COUNTY) Missouri (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 3 1956 11A.m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Tractor overturned while driving.
--	---	---

22. I hereby certify that I attended the deceased from 3-3, 1956, to 3-3, 1956, that I last saw the deceased alive on _____, 19____, and that death occurred at 2 P m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D.	23b. ADDRESS Salem, Mo.	23c. DATE SIGNED 3/5/56
---	--------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE MAR 7, 1956	24c. NAME OF CEMETERY OR CREMATORY Cedar Grove Cemetery	24d. LOCATION (City, town, or county) (State) Salem, Missouri
---	------------------------------	--	--

DATE REC'D BY LOCAL REG. 3/6/56	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Blackwell-Way, Salem, Mo.
--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

5150

OCT 25 1957

MAY 10 1956

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 *Marshall C. Blackwell*

Licensed Embalmer No. *4713*

P. O. Address *Salem, N.H.*

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.