No. 300
10.48

FILED SEP 4 1956

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

27526

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 97

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

**1. PLACE OF DEATH**
a. COUNTY Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural (Bedford Twp.)
c. LENGTH OF STAY (In this place) 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lincoln Co. Memorial Hosp.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Lincoln
c. CITY OR TOWN Moscow Mills
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) Wells Nursing Home. 0570

**3. NAME OF DECEASED** (Type or Print)
a. (First) Abe
b. (Middle) None
c. (Last) Stephens

**4. DATE OF DEATH** (Month) (Day) (Year) Aug. 18, 1956

**5. SEX** Male
**6. COLOR OR RACE** White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Divorced
**8. DATE OF BIRTH** Aug. 11, 1870
**9. AGE** (In years last birthday) 86 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Clerical
**10b. KIND OF BUSINESS OR INDUSTRY** Civil Service
**11. BIRTHPLACE** (City and State or Foreign Country) Lincoln Co. Missouri
**12. CITIZEN OF WHAT COUNTRY?** USA

**13a. FATHER'S NAME** T. M. Stephens
**13b. MOTHER'S MAIDEN NAME** Catherine Unknown
**14. NAME OF HUSBAND OR WIFE** Mamie Early

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) No (If yes, give war or dates of service) None
**16. SOCIAL SECURITY NO.** None
**17. INFORMANT'S SIGNATURE OR NAME** Mrs Kate Countryman. **ADDRESS** Ames, Iowa.

**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) Senility -

ANTECEDENT CAUSES

*Morbid 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.*

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION** 794X
**20. AUTOPSY?** YES ☐ NO ☒

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Aug 15, 1956 *to* Aug 18, 1956, *that I last saw the deceased alive on* Aug. 18, 1956, *and that death occurred at* 3:30A *m., from the causes and on the date stated above.*

**23a. SIGNATURE** J C Creech (Degree or title) M.D.
**23b. ADDRESS** Troy. Missouri
**23c. DATE SIGNED** 8/19/56

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial
**24b. DATE** 8/20/56
**24c. NAME OF CEMETERY OR CREMATORY** Troy Cemetery
**24d. LOCATION** (City, town, or county) (State) Troy, Missouri.

**DATE REC'D BY LOCAL REG.** 9-1-1956
**REGISTRAR'S SIGNATURE** Emma B. Riddle
**25. FUNERAL DIRECTOR'S SIGNATURE** Kemper-Marsh Funeral Home. **ADDRESS** Troy, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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SEP 5 1956

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, ~~or by~~....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Troy, Missour

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.