No. 300
10.48

FILED AUG 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27870

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 5951 Registrar's No. 112

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

1. PLACE OF DEATH
a. COUNTY: PIKE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL-PRAIRIEVILLE
c. LENGTH OF STAY (In this place): 22 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.F.D. 2-EOLIA, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: PIKE
c. CITY OR TOWN: LOUISIANA
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): R.F.D # 2

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): PEYTON
c. (Last): STEPHENS

4. DATE OF DEATH (Month) (Day) (Year): AUG 9, 1956

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: FEB. 1, 1885
9. AGE (In years last birthday): 71 — If under 1 year: Months 6, Days 8 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING
10b. KIND OF BUSINESS OR INDUSTRY: AGRICULTURE
11. BIRTHPLACE (City and State or Foreign Country): HATTON, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: ELIJAH-FOLIO-STEPHENS
13b. MOTHER'S MAIDEN NAME: ATLANTIC MARSHALL
14. NAME OF HUSBAND OR WIFE: OCIE BEATRICE STEPHENS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: MRS. C.P. STEPHENS - LOUISIANA, 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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Carcinoma Prostatic and Urinary Bladder — 6 Months
DUE TO (c)

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: 1998
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* Jan. 23, 19 56, *to* Aug. 9th, 19 56 *that I last saw the deceased alive on* Aug. 9th, 19 56, *and that death occurred at* 7.45 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature]
(Degree or title): D.O.
23b. ADDRESS: Louisiana, Missouri
23c. DATE SIGNED: Aug. 11, '56

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: AUG 12, 1956
24c. NAME OF CEMETERY OR CREMATORY: BUFFALO CEMETERY
24d. LOCATION (City, town, or county) (State): LOUISIANA, Mo.

DATE REC'D BY LOCAL REG.: AUG 11, 1956
REGISTRAR'S SIGNATURE: Bernice Collier
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Geo. M. Collier

(Licensed Embalmer's Statement on Reverse Side)

3740

AUG 21 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 Geo. M. Collier

Licensed Embalmer No. 28

P. O. Address Louisia

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.