No. 300
10-48

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

FILED SEP 26 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31375

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 4317 Registrar's No. 42

1. PLACE OF DEATH
a. COUNTY: MADISON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MARQUAND MO
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: MADISON
c. CITY OR TOWN: MARQUAND MO
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐ 0
STREET ADDRESS (If rural, give location): 0 6 2 0

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

4. DATE OF DEATH (Month) (Day) (Year): 9-20 1956

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 7-7-1903
9. AGE (In years last birthday): 53 — Months: 2 — Days: 13 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY: H-WIFE
11. BIRTHPLACE (City and State or Foreign Country): BUCKHORN, MO
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: CALVIN BARRETT
13b. MOTHER'S MAIDEN NAME: MISSOURI SEXTON
14. NAME OF HUSBAND OR WIFE: CLARENCE STEPHENS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Clarence Stephens — ADDRESS: Marquand 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): Carcinoma of Left Lung with metastasis to Right Lung. — INTERVAL BETWEEN ONSET AND DEATH: Few months

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 163X
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* June 19, 1956, *to* Sept 18, 1956, *that I last saw the deceased alive on* Sept 18, 1956, *and that death occurred at* 5:30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles E Mubarlis MD
23b. ADDRESS: 135 S Mine La Motte, Fredericktown Mo.
23c. DATE SIGNED: Sept 20, '56

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 9-22-56
24c. NAME OF CEMETERY OR CREMATORY: HOLLY CEMETERY
24d. LOCATION (City, town, or county): MADISON CO (State): MO

DATE REC'D BY LOCAL REG.: 9-20-1956
REGISTRAR'S SIGNATURE: Florence Hicks
25. FUNERAL DIRECTOR'S SIGNATURE: E A Homan — ADDRESS: Marquand Mo

(Licensed Embalmer's Statement on Reverse Side)

187 0

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.
RECEIVED
SEP 24 1956
FILE No. 256-44

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 Raymond Wilson

Licensed Embalmer No. 488

P. O. Address Fredericktown

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.