

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41323

STATE FILE NUMBER

FILED JAN 7 1957

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 112

1. PLACE OF DEATH a. COUNTY <u>Iron</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>IRON</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ironton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Ironton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>322 Eidson Ct.</u>		Length of stay in 1b <u>6 yrs</u>	d. STREET ADDRESS <u>322 Eidson Ct.</u>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>JAMES MOORE STEPHENSON</u>			First	Middle	Last
4. DATE OF DEATH <u>Dec. 25 1956</u>			Month	Day	Year
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 28 1901</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>manager</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>REA co-op</u>	11. BIRTHPLACE (City and state or country) <u>Nashville Ark</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13. FATHER'S NAME <u>John Calhoun Stephenson</u>			14. MOTHER'S MAIDEN NAME <u>Ella Province</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes 1920</u>	16. SOCIAL SECURITY NO. <u>442-10-6420</u>	17. INFORMANT <u>Mrs. Eunice Stephenson</u>	Address <u>Ironton Mo.</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial insufficiency</u> <u>Coronary thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u> <u>15 minutes</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	
21. I attended the deceased from <u>12-21-56</u> to <u>12-24-56</u> and last saw ^(her) (him) alive on <u>12-24-56</u> Death occurred at <u>7:50</u> A.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>J. J. DeVore, D. C.</u> (Degree or title)			22b. ADDRESS <u>Ironton, Missouri</u>		22c. DATE SIGNED <u>12-28-56</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	23b. DATE <u>12-30-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Nashville Cemetery</u>	23d. LOCATION (City, town, or county) <u>Nashville Ark.</u>	(State)	
24. FUNERAL DIRECTOR <u>White Funeral Home, Ironton Mo.</u> <u>Rachel White</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>12-30-56</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Aris Jones</u>	

(Licensed Embolmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms written on this certificate. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

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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 *Amel J. White*.....

Licensed Embalmer No. *301*

P. O. Address *Monte*

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.