

FILED FEB 6 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1655  
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 48

300  
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>NEWTON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JOPLIN</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>RURAL</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>MADDOX REST HOME - 2302 PENN. AVE.</b>		Length of stay in lb <b>ALWAYS</b>	d. STREET ADDRESS (If outside, give location) <b>RT. 3, JOPLIN</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle <b>W.</b> Last <b>STEPHENS</b>			4. DATE OF DEATH Month <b>JANUARY</b> Day <b>22</b> , Year <b>1958</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>NOV. 2, 1874</b>
9. AGE (In years last birthday) <b>83</b>		IF UNDER 1 YEAR Months <b>8</b> Days <b>3</b>	IF UNDER 24 HRS. Hours <b>3</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED MINER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>MINING &amp; HAULING</b>	11. BIRTHPLACE (City and state or country) <b>BELL CENTER, MO.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>JOHN W. STEPHENS</b>	
13b. MOTHER'S MAIDEN NAME <b>ELIZA JANE GILBERT</b>		14. NAME OF HUSBAND OR WIFE <b>-----</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, not unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>UNK</b>	
17. INFORMANT <b>WALTER P. STEPHENSON, BELL CENTER, MO</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hypertensive Cardio Vascular Disease</b> DUE TO (b) <b>Atherosclerosis</b> DUE TO (c) <b>Prostatic Hypertrophy 443x</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <b>unk</b>
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 <b>9:05 P.</b> Month, Day, Year	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <b>JOPLIN, MISSOURI</b>		COUNTY STATE	
21. I attended the deceased from <b>19 Dec 57</b> to <b>29 Jan 58</b> and last saw her/him alive on <b>9 Jan 58</b> Death occurred at <b>22 Jan 58 9:05 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Ch Davis M.D.</b>		22b. ADDRESS <b>Galena Kans</b>	
22c. DATE SIGNED <b>24 Jan 58</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
23b. DATE <b>1-24-58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>FAIRVIEW CEMETERY,</b>	
23d. LOCATION (City, town, or county) <b>JOPLIN, MISSOURI</b>		(State)	
24. FUNERAL DIRECTOR <b>STEVE PARKER MORTUARY, JOPLIN, MO</b>		25. DATE RECD. BY LOCAL REG. <b>Jan. 29-58</b>	
26. REGISTRAR'S SIGNATURE <b>Dove Merriam</b>			

FEB 5 - 1958  
Date of Embalming  
County No. 112  
Date of Death FEB 5 - 1958

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 *F. M. Jones* \_\_\_\_\_

Licensed Embalmer No. 2319

P. O. Address *Joplin Mo.*

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.