Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-040539
STATE FILE NUMBER

FILED NOV 24 1958 Registration District No. 169 Primary Registration District No. 4262 Registrar's No. 67

1. PLACE OF DEATH
a. COUNTY Knox
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Knox City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Knox
c. CITY OR TOWN Knox City 0520 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Caluin Middle Otto Last Stephenson

4. DATE OF DEATH Month Nov. Day 16 Year 1958

5. SEX male
6. COLOR OR RACE white
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Sept. 5, 1881
9. AGE (In years last birthday) 77 — IF UNDER 1 YEAR Months 2 Days 11 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Scotland Co.
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Jobe Smith Stephenson
13b. MOTHER'S MAIDEN NAME Margaret E. Hemm
14. NAME OF HUSBAND OR WIFE Sarah Catherine Stephenson

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. none
17. INFORMANT Address Howard Stephenson, Williamslown, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension — Indefinite
DUE TO (c) Carcinoma of Prostate
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 177X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Nov 11-1958, to Nov 16-1958 and last saw him alive on Nov 11-1958
Death occurred at 11 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E J Phillips (Degree or title) D.O. 2
22b. ADDRESS Knox City Mo
22c. DATE SIGNED 11-18-1958

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Nov 19-58
23c. NAME OF CEMETERY OR CREMATORY Bear Creek Cemetery
23d. LOCATION (City, town, or county) Clark Co (State) Mo.

24. FUNERAL DIRECTOR A J Seeger ADDRESS Knox City Mo
25. DATE RECD. BY LOCAL REG. Nov. 18-1958
26. REGISTRAR'S SIGNATURE Neil S. Hunnett

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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DEC 2 1959

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 A. H. Reiser

Licensed Embalmer No. 5041

P. O. Address Edina, M

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.