

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010108

State File No.

FILED MAR 23 1959

REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>		c. LENGTH OF STAY (In this place) <u>23 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>107 Church Street</u>		e. STREET ADDRESS (If rural, give location) <u>107 Church Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>OLIE</u> c. (Last) <u>STEPHENS</u>		4. DATE OF DEATH <u>March 18, 1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>24 Feb. 1891</u>
9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 4 HRS. Hours <u> </u> Min. <u> </u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Meadville, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Custodian</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>IH Tractor Co.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Joseph Lovejoy Stephens</u>	
13b. MOTHER'S MAIDEN NAME <u>Martha Jane Jackson</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Helm Stephens</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>WW I</u>		16. SOCIAL SECURITY NO. <u>490-10-4497</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. W. O. Stephens; Chillicothe,</u>		ADDRESS <u> </u>	
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) <u>Pneumonia terminal, Bronchial</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: <u>Arterial sclerosis severe</u> DUE TO (b) <u> </u> DUE TO (c) <u> </u> 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 <u>4500</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Apr. 5, 1948</u> , to <u>Mar. 18, 1959</u> , that I last saw the deceased alive on <u>Mar. 8, 1959</u> , and that death occurred at <u>5 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Joseph A. Conrad</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Chillicothe, Mo</u>	
23c. DATE SIGNED <u>Mar. 19 59</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>3-20-59</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Meadville</u>	
24d. LOCATION (City, town, or county) (State) <u>Meadville, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman Funeral Home; Chillicothe, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3/19/59</u>		REGISTRAR'S SIGNATURE <u>Frances B. Nail</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 2 6 1959

APR 2 1959

APR 8 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 Elton F. Norman

Licensed Embalmer No. 4036...

P. O. Address Chillicothe,...

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.