URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS FEB 8 1960

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 141 60-000407

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph — Length of stay in 1b: 18 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 2221 Duncan St. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2221 Duncan St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First VICTOR Middle ELBERT Last STEPHENS
4. DATE OF DEATH: Month January Day 26 Year 1960
5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6/27/1898
9. AGE (last birthday): 61 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Agent
10b. KIND OF BUSINESS OR INDUSTRY: Insurance Company
11. BIRTHPLACE (City and state or country): Clinton Co., Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Tom M. Stephens
13b. MOTHER'S MAIDEN NAME: Lizzey White
14. NAME OF HUSBAND OR WIFE: Martha
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.: 490-10-3111H
17. INFORMANT: Mrs. Victor Stephens, Address: 2221 Duncan, St. Joseph

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) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 72 hrs.
DUE TO (b) Ventricular fibrillation — instant.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): —
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 1-26-60, to 1-26-60 and last saw ~~her~~ him alive on 1-26-60
Death occurred at 6:30a. m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF W.H. Ames M.D.

22a. SIGNATURE (Degree or title): William H Ames M.D.
22b. ADDRESS: 902 Edmond St
22c. DATE SIGNED: 1-27-60

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 1/28/1960
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State): St. Joseph Missouri

24. FUNERAL DIRECTOR: Heaton-Bowman ADDRESS: St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: Feb. 3, 1960
26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Eugene Wood

Signature of Student Embalmer

Licensed Embalmer No. 380 P

P. O. Address 349 6 10th, H

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.