

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-001154

FILED VS JAN 11 1960

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 9

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CHRISTIAN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SPRINGFIELD</u>		c. CITY OR TOWN <u>LINDEN</u>	
Length of stay in 1b		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>ST. JOHNS HOSPITAL</u>		d. STREET ADDRESS (If outside, give location)	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>RALPH</u> Middle <u>L.</u> Last <u>STEPHENS</u>			4. DATE OF DEATH <u>JAN. 2, 1960</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>FEB. 16, 1909</u>	9. AGE (last birthday) <u>50</u>	IF UNDER 1 YEAR	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BAKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BAKERY SHOP</u>		11. BIRTHPLACE (City and state or country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	

13a. FATHER'S NAME <u>SHAD L. STEPHENS</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA HARRISON</u>		14. NAME OF HUSBAND OR WIFE <u>DOROTHY STEPHENS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>491-03-164</u>		17. INFORMANT Address <u>RT. 2</u> <u>DOROTHY STEPHENS ROGERSVILLE, MO</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Myocardial Infarction due to</u>		
DUE TO (b) <u>Arteriosclerotic Coronary Thrombosis</u>		
DUE TO (c) <u>Rheumatic Heart Disease & Mitral & Aortic</u>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chloral Effusion</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) <u>none</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <u>none</u>		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 12-21-59 to 1-2-60 and last saw him alive on 1-2-60
Death occurred at 10:00 Am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>W.D. Oak, M.D.</u> (Degree or title)	22b. ADDRESS <u>609 CHERRY SPRINGFIELD, MO.</u>	22c. DATE SIGNED <u>1-5-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>1-4-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>HAZELWOOD</u>	23d. LOCATION (City, town, or county) (State) <u>SPRINGFIELD, MO.</u>
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24. FUNERAL DIRECTOR <u>T.B. CHAFFIN</u> ADDRESS <u>OZARK, MO.</u>	25. DATE RECD. BY LOCAL REG. <u>JAN 5, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Effie E. Melton</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 4 1963

JUN 1 1960

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 _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 407

P. O. Address _____

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.