

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022495

STATE FILE NUMBER

FILED VS. JUN 20 1960 47

Primary Registration District No. 3008 Registrar's No. 173

1. PLACE OF DEATH a. COUNTY Callaway				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Wash. D. C. COUNTY			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN 2 Mi. E. Williamsburg, Mo.			Length of stay in 1b —	c. CITY OR TOWN Washington D.C.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Callaway Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1379 Potomac		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Jack Middle Alfred Last Stephens				4. DATE OF DEATH Month June Day 12 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH June 6, 1933	9. AGE (last birthday) 27	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Western Electric			10b. KIND OF BUSINESS OR INDUSTRY IBM OPERATOR		11. BIRTHPLACE (City and state or country) Arizona		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Samuel Oscar Stephens			13b. MOTHER'S MAIDEN NAME Lena Proctor		14. NAME OF HUSBAND OR WIFE Margaret Stephens		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes			16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address MRS LENA PROCTOR, KANSAS CITY MO.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Probably skull fracture and other internal injuries, car ran off road at high speed, thrown from car. DUE TO (b) and other internal injuries, car ran off DUE TO (c) road at high speed, thrown from car. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) same as above a, b, & c					
20c. TIME OF INJURY Hour 10. p.m. Month, Day, Year 6. 12 60	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hiway 40	20f. CITY, TOWN, OR LOCATION 2 Mi E. Williamsburg	COUNTY Callaway	STATE Mo	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 10:00P. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Denzil C. Browning coroner				22b. ADDRESS 7 W 6th Fullon, Mo		22c. DATE SIGNED 6-17-60	
23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL	23b. DATE June 20, 1960	23c. NAME OF CEMETERY OR CREMATORY NATIONAL Cemetery		23d. LOCATION (City, town, or county) (State) FT. LEAVENWORTH, KANS.			
24. FUNERAL DIRECTOR Maupin Funeral Home, Fullon, Mo			25. DATE RECD. BY LOCAL REG. June 17-1960	26. REGISTRAR'S SIGNATURE Maretha Lawrence			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS JUN 28 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 _____, Student Embalmer No. _____, or by _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marshall C. Blackwell

Licensed Embalmer No. 4713

P. O. Address Fullton N

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