RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-046577
STATE FILE NUMBER

FILED VS DEC 28 1960 156 Registration District No. 2001 Primary Registration District No. 629 Registrar's No.

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Joplin — Length of stay in 1b: 53 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 1901 Connecticut — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jasper
c. CITY OR TOWN: Joplin — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1901 Connecticut — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: James Middle: C Last: Stephenson
4. DATE OF DEATH: Month 12 Day 21 Year 1960
5. SEX: Male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: (March 17, 1892)
9. AGE (last birthday): 68 — 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)
10b. KIND OF BUSINESS OR INDUSTRY: Department Store
11. BIRTHPLACE (City and state or country): Mulvaney, Kansas
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: F.M. Stephenson
13b. MOTHER'S MAIDEN NAME: Lydia Campbell
14. NAME OF HUSBAND OR WIFE: Beatrice Stephenson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 491-01-3231A
17. INFORMANT: Mrs. Beatrice Stephenson Address: 1901 Conn.

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 but died Suddenly. — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Carcinoma of Urinary Bladder
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 about Nov 15 1960 to time of death and last saw him alive on about 1 Dec 1960
Death occurred at Dec 21, 1960 6:50 P m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Harry O. Allen MD
22b. ADDRESS: 308 Medical Arts Bldg Joplin Mo
22c. DATE SIGNED: 12-23-60
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12-24-60
23c. NAME OF CEMETERY OR CREMATORY: Ozark Memorial Cemetery
23d. LOCATION (City, town, or county) (State): Joplin Mo.
24. FUNERAL DIRECTOR ADDRESS: Hurlbut-Glover Mortuary, Joplin, Mo.
25. DATE RECD. BY LOCAL REG.: 12-24-1960
26. REGISTRAR'S SIGNATURE: Dwore Merriam

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

JAN 18 1961

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 Dale Moore

Signature of Student Embalmer

Licensed Embalmer No. 459

P. O. Address Joplin

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.