

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8975 STATE FILE NUMBER

FILED OCT 13 1961

DATE AMENDED

INSTEAD OF

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b 7 days
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL St. Louis-Little Rock Hospital, Inc. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY St. Francis
 c. CITY OR TOWN Doe Run Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 101 Poplar St. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Gordon Middle Churchill Last Stephens 4. DATE OF DEATH Month September Day 27 Year 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 1-23-1898 9. AGE (last birthday) 63
 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) Ticket Clerk 10b. KIND OF BUSINESS OR INDUSTRY MoPac Railroad Co. 11. BIRTHPLACE (City and state or country) Tuscumbia, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Edward Stephens 13b. MOTHER'S MAIDEN NAME Mary Baullew 14. NAME OF HUSBAND OR WIFE Rosa Stephens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 17. INFORMANT Mrs. Rosa Stephens Address Doe Run, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY: Multiple Myeloma
 IMMEDIATE CAUSE (a) _____
 DUE TO (b) _____
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 263+

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Extensive Osseous Lesions
 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 Sept. 21, 1961 to Sept. 27, 1961 and last saw her him alive on Sept. 27, 1961
 Death occurred at 1:20 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) _____ 22b. ADDRESS 1755 S. Grand Blvd. 22c. DATE SIGNED 9-28-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 9-30-61 23c. NAME OF CEMETERY OR CREMATORY Doe Run Cemetery 23d. LOCATION (City, town, or county) (State) Doe Run, Missouri

24. FUNERAL DIRECTOR Bopp Funeral Home, Kirkwood, Mo. ADDRESS _____ 25. DATE RECD. BY LOCAL REG. SEP 28 1961 26. REGISTRAR'S SIGNATURE [Signature]

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 Francis J. Myland Jr

Licensed Embalmer No. 4512

P. O. Address Harwood, Mo

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.