

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-040362

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3210 Registrar's No. 468

AMENDED

FILED DEC 12 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

| | | | |
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| 1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau Mo.</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Gir</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u> | | Length of stay in 1b <u>43 Yr</u> | c. CITY OR TOWN <u>Cape Girardeau</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Nohe - Auto Accident Hi-way 61 North</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>1007 Themis</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Lester</u> Middle <u>Stephenson</u> Last <u>Stephenson</u> | | | 4. DATE OF DEATH <u>Dec 2 1961</u> Month <u>Dec</u> Day <u>2</u> Year <u>1961</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>May 16 1918</u> 9. AGE (last birthday) <u>43</u> |
| 10a. USUAL OCCUPATION (Give kind of work done (If profession or vocation list it as such)) <u>Construction Worker</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Mary Const. Co.</u> | 11. BIRTHPLACE (City and state of country) <u>Cape Girardeau Mo. U.S.A</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u> | | 13a. FATHER'S NAME <u>Robert Stephenson</u> | 13b. MOTHER'S MAIDEN NAME <u>Edna Buckner</u> |
| 14. NAME OF HUSBAND OR WIFE <u>Evelyna Stephenson</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes W.W. 2</u> | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address <u>Mrs Evelynna Stephenson, Cape Gir</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ASPHYXIA</u> DUE TO (b) <u>ACCIDENTAL STRANGULATION</u> DUE TO (c) <u>-</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH <u>MO.</u> |
| 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 checked="" type="checkbox"/> NO <input 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.) <u>CAR DOOR THROWN VIOLENTLY AGAINST NECK; CAR NOT IN PROPER GEAR</u> | |
| 20c. TIME OF INJURY <u>1:30 p.m. Dec. 2, 61</u> | | 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.) <u>Street</u> | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>CAPE GIRARDEAU, CAPE, MISSOURI</u> | |
| 21. I attended the deceased from _____, to _____, and last saw her/him alive on _____. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>2. G. Lovingsgood, M.D.</u> | | 22b. ADDRESS <u>ST. FRANCIS HOSPITAL CAPE GIRARDEAU, MISSOURI</u> | 22c. DATE SIGNED <u>DEC. 4, '61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | DATE <u>Dec 5 1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>LOOKMETER CEMETERY</u> | 23d. LOCATION (City, town, or county) (State) <u>CAPE GIRARDEAU MO.</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>Brinkopf Howell Cape Gir Mo.</u> | | 25. REGISTERED BY LOCAL REG. <u>12-7-61</u> | 26. REGISTRAR'S SIGNATURE <u>Gene Kasten</u> |

DEC 13 1961

DEC 19 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 me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4994

P. O. Address Cape Fear

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.