

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-040382

STATE FILE NUMBER

Registration District No. 58 Primary Registration District No. 4088 Registrar's No. 22

AMENDED

FILED DEC 1 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Carter</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Carter</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ellsinore</u>		c. CITY OR TOWN <u>Ellsinore</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>Own home</u>		d. STREET ADDRESS (If outside, give location) <u>Own home</u>	
3. NAME OF DECEASED (Type or print) First <u>Jack</u> Middle <u>Stephens'</u> Last <u>Stephens</u>		4. DATE OF DEATH Month <u>Nov</u> Day <u>13</u> Year <u>61</u>	
5. SEX <u>m</u>	6. COLOR OR RACE <u>w</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>9-23-68</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>93</u>
11. BIRTHPLACE (City and state or country) <u>Marble Hill Mo U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <u>Joseph B Stephens</u>		13b. MOTHER'S MAIDEN NAME <u>Hannah Barks</u>	
14. NAME OF HUSBAND OR WIFE <u>Barbra Stephens</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT <u>E.R. Stephens</u> Address <u>Ellsinore mo</u>	
18. CAUSE OF DEATH (Enter only one cause by line (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Decompensation</u> DUE TO (b) <u>Arterio Sclerosis of Heart</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>?</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 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.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		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 <u>8:40</u> <u>Jan</u> <u>1961</u> to <u>13 Nov 1961</u> and last saw ^{him} live on <u>10 Nov 1961</u> . Death occurred at <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>A. B. Erickson MD</u> (Degree or title)		22b. ADDRESS <u>321 East Poplar Bluff Mo</u>	
22c. DATE SIGNED <u>12/14/61</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>11-15-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Smith Chapel</u>	
23d. LOCATION (City, town, or county) <u>Carter Co</u>		23e. STATE <u>mo</u>	
24. FUNERAL DIRECTOR <u>Leaton Perwith VanBuren</u> ADDRESS <u>Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Nov. 29-1961</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs Oeta Henson</u>			

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 Seaton Peritt

Licensed Embalmer No. 2287

P. O. Address Van Buren

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.