

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12399

State File No. ....

FILED APR 23 1947

Registration District No. 11

Primary Registration District No. 4023

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Barry  
(b) City or town Exatar  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry  
(c) City or town Cassville  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Pharis J. Stephens

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Jean W. Stephens  
6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased March 17 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 11 9 hr. min.

9. Birthplace Exatar, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Stockman

11. Industry or business

MOTHER FATHER  
12. Name Albert Stephens  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Woods  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jean Stephens

(b) Address Exatar, Missouri

17. (a) Burial (b) Date thereof 3-3-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Labelwood Cemetery

18. (a) Signature of funeral director Culver Funeral Home

(b) Address Cassville, Missouri

19. (a) Apr 7 - 1947 (b) Grace Williams  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26th  
year 1947 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from Feb. 23,  
1947, to Feb. 26, 19 47  
that I last saw him alive on Feb. 26, 19 47  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 3 das.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature Beau Newman (M. D. number) \_\_\_\_\_  
Address Cassville, Mo Date signed 3-1-47

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,

District File Number 447-454

Date Filed APR 22 1947

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.....

H. H. Elkins

Registered Apprentice No. 495

working under my personal supervision.

Signed G. E. Culver

Licensed Embalmer No. 3584

P. O. Address Cassville

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 this body is not embalmed, fact should be so stated above.