

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-030996

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 391

Primary Registration District No. 4504

Registrar's No. 24

STATE FILE NUMBER

FILED JUL 23 1963

## 1. PLACE OF DEATH

a. COUNTY

Stoddard

b. CITY (if outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Advance,

Length of stay in 1b

9 years

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY Stoddard

admission)

c. CITY  
OR  
TOWN

Advance, Mo.

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

(If curside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

James

Garfield

Stephens

4. DATE  
OF  
DEATH

Month

Day

Year

July

14,

1963

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

6/20/86

## 9. AGE (last birthday)

77

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

Farming

## 10b. KIND OF BUSINESS OR INDUSTRY

Farm

## 11. BIRTHPLACE (City and state or country)

Wayne Co., Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

James Andrew Stephens

## 13b. MOTHER'S MAIDEN NAME

Dolly Ann Burnley

## 14. NAME OF HUSBAND OR WIFE

Leada Trafford

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

## 16. SOCIAL SECURITY NO.

498-20-2790

## 17. INFORMANT

Leada Stephens

## Address

Advance, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

SHOCK

INTERVAL BETWEEN  
ONSET AND DEATH

24 Hrs

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Circulatory Failure

## DUE TO (c)

Advanced Cerebral Sclerosis  
with Cerebral Thrombosis

30 Hrs

6 Mo.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not included in the immediate cause of death)  
disease condition given in PART I (a)

Generalized Arteriosclerosis

If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. 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  
INJURYHour  
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 1969 to 7-14-63 and last saw him alive on 7-14-63  
Death occurred at 11:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

7/16/63

## 23c. NAME OF CEMETERY OR CREMATORY

Bollinger County Memorial

## 23d. LOCATION (City, town, or county)

Bollinger Co., Mo.

## 24. FUNERAL DIRECTOR

## ADDRESS

Wm. H. Morgan, Advance, Mo.

## 25. DATE RECD BY LOCAL REG.

7/15/63

## 26. REGISTRAR'S SIGNATURE

Bernice Moore

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1 1030

2 1030

3

4 1

5 1

6

7 0

8 2

9 334X

10

11

12 90.2

13 30

AUG 19 1963

# 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. 4640

P. O. Address Advance, 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.