

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-014460

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 156

FILED APR 16 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY CAPE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CAPE GIRARDEAU Length of stay in lb 10A
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION So East Hosp Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY BOLLINGER
c. CITY OR TOWN LUTESVILLE Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) RR 1 Residence on Farm Yes No

3. NAME OF DECEASED (Type or print) First HARDY Middle L. Last STEPHENS 4. DATE OF DEATH Month 4 Day 1 Year 1962

5. SEX M 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH Oct 11 1881 9. AGE (last birthday) 80 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RAILROAD CARPENTER 10b. KIND OF BUSINESS OR INDUSTRY Whitewater MO 11. BIRTHPLACE (City and state or country) U.S.A. 12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME Geo. Stephens 13b. MOTHER'S MAIDEN NAME MARGARET PROFFER 14. NAME OF HUSBAND OR WIFE ELSIE BENTURK

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. NO 17. INFORMANT Elvio Stephens, Lutesville Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Lobar Pneumonia INTERVAL BETWEEN ONSET AND DEATH 4 days
DUE TO (b) -
DUE TO (c) -
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. Yes N. 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 4-1-62 to 4-1-62 and last saw her her alive on 4-1-62
Death occurred at 2:55 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E.F. McDonald, MD (Degree or title) 22b. ADDRESS Jackson, Mo. 22c. DATE SIGNED 4-5-62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 4-3-62 23c. NAME OF CEMETERY OR CREMATORY BOLLINGER CO. MEM 23d. LOCATION (City, town, or county) (State) LUTESVILLE MO

24. FUNERAL DIRECTOR Gene Ward, Lutesville, Mo ADDRESS - 25. DATE RECD. BY LOCAL REG. 4-9-62 26. REGISTRAR'S SIGNATURE Gene Kasten

USE BLACK INK OR TYPEWRITER RIBBON

APR 17 1962

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 Kenneth Wiley

Licensed Embalmer No. 5086

P. O. Address Jewellville 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.