

FILED MAR 1 1950

STANDARD CERTIFICATE OF DEATH

State File No. 5483

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Moniteau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give township) California		c. CITY (If outside corporate limits, write RURAL and give township) Rural, Willow Fork	
d. FULL NAME OF HOSPITAL OR INSTITUTION Latham Hospital		d. STREET ADDRESS (If rural, give location) 2 Miles East Tipton	

3. NAME OF DECEASED a. (First) Mamie (Type or Print)			b. (Middle) Susan			c. (Last) Stephens			4. DATE OF DEATH (Month) (Day) (Year) January, 31, 1950		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH November, 30, 1876		9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 24 HRS. Hours		IF UNDER 24 HRS. Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home			11. BIRTHPLACE (State or foreign country) Tipton, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME Charles Wood Stephens			13b. MOTHER'S MAIDEN NAME Matildia Hickman			14. NAME OF HUSBAND OR WIFE -----		
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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. None		17. INFORMANT'S SIGNATURE OR NAME C. T. Stephens (Brother)		ADDRESS Tipton, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Volvulus causing acute intestinal obstruction						INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Enteric Colitis						3 weeks	
		DUE TO (c) Peritonitis & other post-operative complications and myocarditis						5711	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									

19a. DATE OF OPERATION 1-18-50		19b. MAJOR FINDINGS OF OPERATION Volvulus with complete intestinal obstruction						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) -----		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) -----	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) -----		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? -----	

22. I hereby certify that I attended the deceased from **Jan 17, 1950**, to **Jan 31, 1950**, that I last saw the deceased alive on **Jan 31, 1950**, and that death occurred at **11:20 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE L. L. Latham (Degree or title) MO		23b. ADDRESS California MO		23c. DATE SIGNED 2-1-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/1/50		24c. NAME OF CEMETERY OR CREMATORY Moreau Cemetery		24d. LOCATION (City, town, or county) (State) Tipton Missouri	
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DATE REC'D BY LOCAL REG. 2-4-50		REGISTRAR'S SIGNATURE H. R. Popgoy		FUNERAL DIRECTOR'S SIGNATURE James E. Richards - Tipton MO		ADDRESS -----	
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(Licensed Embalmer - Statement on Reverse Side)

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

No. 300
10.48

5681

District File Number

District Health Officer No.

RECEIVED FEB 20 1950

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.

Signed.....
Student Embalmer

Signed *James E. Richards*
Licensed Embalmer No. *2464*
P. O. Address *Lipton, 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 this body is not embalmed, fact should be so stated above.