

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. **421**

Primary Registration District No. **5576**

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Festus, R.F.D. #1 Plattin
(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 Jefferson
(c) City or town Festus, R.F.D #1
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20
year 1942 hour 3:48 minute P.M. M.
21. I hereby certify that I attended the deceased from June
27 1941 to February 20 1942
that I last saw him alive on February 20 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Corneal Failure Duration 18 hours
Due to Chronic Hypertension 8 mo plus
Due to Urinary obstruction (prostatic) (1 yr plus)
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: none
Of operations none
Of autopsy none
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Joseph M. Stubblefield
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rosa Eva Stubblefield 6. (c) Age of husband or wife in years allive

7. Birth date of deceased August 30 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 5 20 hr. min.

9. Birthplace b / Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Time keeper W.P.A.

11. Industry or business _____

12. Name Richard Stubblefield

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Georgia Huston

15. Birthplace Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Rosa Eva Stubblefield

(b) Address Festus, Mo. R.F.D. 1

17. (a) Burial (b) Date thereof Feb. 22, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Methodist Cemetery

18. (a) Signature of funeral director Fink Und. Co.

(b) Address Festus, Mo.

19. (a) Feb 24 1942 (b) J. G. Rutledge M.D.
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(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 _____

23. Signature John F. Rutledge (M. D. or other) M.D.
Address Crystal City, Mo Date signed 2-21-42

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

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.