

FILED OCT 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31960

Registration District No. 360

Primary Registration District No. 6275-6225

Registrar's No. 147

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada-Wash Turp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp No 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 year 7 mo 2 days
In this community 1 year 7 mo 2 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MARY-MELISSA-STUBBS

3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Andrew Stubbs
(c) Age of husband or wife if alive 67 years
7. Birth date of deceased Jan 14 1877
(Month) (Day) (Year)

8. AGE: Years 67 Months 7 Days 29
If less than one day - hr. - min.

9. Birthplace Douglas County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business none

MOTHER FATHER

12. Name Preston Collins
13. Birthplace Douglas Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Margette Driscoll
15. Birthplace Douglas Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hosp
(b) Address Nevada, Mo.

17. (a) Cerial (b) Date thereof 9-11-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fitzberg-Kapoor
Feyette Hosp

18. (a) Signature of funeral director Paul L. Barone
(b) Address Nevada Mo

19. (a) 9-15-44 (b) Boyd B. Beurek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wright
(c) City or town Hartsville Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13
year 1944 hour 10 minute 20P M.

21. I hereby certify that I attended the deceased from Jan 29 1943 to Sept 13 1944
that I last saw her alive on Sept 13 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Septic Meningo
Encephalitis

Duration yrs.

Due to fracture left hip
Other conditions (Include pregnancy within 3 months of death) 1 mo.

Major findings: Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: not cause death
(a) Accident, suicide, or homicide (specify) fall on wood
(b) Date of occurrence Aug 15/44

(c) Where did injury occur? State Hosp No 3
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
State Hosp Nevada
(Specify type of place)

While at work? no (e) Means of injury fracture left hip

23. Signature Paul L. Barone (M.D. or other)
Address State Hosp No 3 Date signed 9/14/44

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

RECEIVED

District Health Officer No. 7,

Date Recd. 9-44-116.6

10-11-44

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 Me

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

Signed

L B Teny

Licensed Embalmer No. 1760

P.O. Address Nevada 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.