

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 25 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32182**
Registrar's No. **34**

Registration District No. **44** Primary Registration District No. **4060**

1. PLACE OF DEATH:
(a) County Caldwell
(b) City or town Breckenridge
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Glick Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 weeks
(Specify whether
In this community 75 years.
years, months or days)

3. (a) PRINT FULL NAME HATTIE E. STUBBLEFIELD
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F **5. Color or race** W
6. (a) Single, widowed, married, 2 divorced widowed.
6. (b) Name of husband or wife Richard Stubblefield
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased. February 26, 1866
(Month) (Day) (Year)

8. AGE: Years 82 Months 7 Days 4
If less than one day hr. min.

9. Birthplace. Oriosa County, New York
(City, town, or county) (State or foreign country)

10. Usual occupation. Housekeeping

11. Industry or business. Housekeeper

MOTHER FATHER

12. Name Charles E. Woodbridge

13. Birthplace. Unknown New York
(City, town, or county) (State or foreign country)

14. Maiden name. Emily H. Baker

15. Birthplace. Unknown New York
(City, town, or county) (State or foreign country)

16. (a) Informant. Glen Stubblefield

(b) Address. Rural, Braymer, Mo.

17. (a) Burial (b) Date thereof: Oct. 7, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. White Cemetery

18. (a) Signature of funeral director. Gene G. Michael

(b) Address. Braymer, Mo.

19. (a) 10-15-48 (b) Mrs. Nell B Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Caldwell
(c) City or town Rural, Braymer, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Northwest of Braymer, Mo.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5th
year 1948 hour 5- minute 30 P.M.

21. I hereby certify that I attended the deceased from October 1st
1948 to October 5th 1948
that I last saw her alive on Oct 5th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral
apoplexy

Duration
5 Days

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy no

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(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 J W Webb (M. D. or other)

Address Breckenridge Mo Date signed 10-14-48

5 68 70 0307

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Lene C. Michael

Licensed Embalmer No. 4340

P. O. Address Braymer, 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.