

FILED JUL 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22328

BIRTH NO. _____ REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 6198 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY TEXAS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Texas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elk Creek		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elk Creek	
c. LENGTH OF STAY (In this place) 3 yrs		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION /			

3. NAME OF DECEASED (Type or Print) a. (First) CATHERINE b. (Middle) CARLEYN c. (Last) Stubbs			4. DATE OF DEATH (Month) (Day) (Year) June 15 1949		
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH Oct 20 1883	9. AGE (In years last birthday) 86	10. UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Wis. /	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME George W. Davison		13b. MOTHER'S MAIDEN NAME Frederika Uebel		14. NAME OF HUSBAND OR WIFE James Stubbs	
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 ADDRESS James Stubbs Elk Creek Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		DUE TO (b) Arteriosclerosis, Hypertension		5 hours	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 1949, to June 15, 1949, that I last saw the deceased alive on June 15, 1949, and that death occurred at 9 P. M. from the causes and on the date stated above.

23a. SIGNATURE A. J. Grizzle, D.O.		23b. ADDRESS Cahoon, Mo		23c. DATE SIGNED 6/17/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-19-49		24c. NAME OF CEMETERY OR CREMATORY Cahoon Cemetery	
				24d. LOCATION (City, town, or county) (State) Cahoon	

DATE REC'D BY LOCAL REG. 6-18-49		REGISTRAR'S SIGNATURE Gaynell Cunningham		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Baylond W. Elliott Cahoon Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rec'd
6/21/49
9:30

RECEIVED 6/27/49
District Health Officer No. 5,
District File Number 649467
Date Filed 6/29/49

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 Gaylor W. Elliott
Licensed Embalmer No. 2252

Signed.....
Student Embalmer

P. O. Address Carroll

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.