

5. No. 300  
EV. 10.48

48000

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 21 1949

State File No. 34084

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARTIN CITY</u>		c. LENGTH OF STAY (in this place) <u>10 YEARS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARTIN CITY</u>	
		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED a. (First) <u>MRS. ORA</u> b. (Middle) <u>JOE</u> c. (Last) <u>STUTEVILLE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT-9-1949</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MARCH 19, 1875</u>
9. AGE (in years last birthday) <u>74 YRS.</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	11. BIRTHPLACE (State or foreign country) <u>CLARK COUNTY, ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>ADAM F. HAYS</u>	13b. MOTHER'S MAIDEN NAME <u>LUCY J. NORRIS</u>	14. NAME OF HUSBAND OR WIFE <u>BOYCE E. STUTEVILLE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Will C. Martin MARTIN CITY MO.</u>	
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) <u>Hypostatic Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) <u>Arteriosclerosis &amp; Diabetes</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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 <u>10-6, 1949</u> , to <u>10-9, 1949</u> , that I last saw the deceased alive on <u>10-9, 1949</u> , and that death occurred at <u>6:35 AM.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>R.L. Mast</u>		23b. ADDRESS <u>Del. J. Henderson MO</u>	23c. DATE SIGNED <u>10-10-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>OCT. 11, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BROOKINGS CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>RAYTOWN MISSOURI</u>
DATE REC'D BY LOCAL REG. <u>10/11/49</u>	REGISTRAR'S SIGNATURE <u>Wm. Annie Es. Hodges</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D.W. Newcomer's Sons 1331 BRUSH CREEK DR. KANSAS CITY, MO.</u>	

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

OCT 18 RECD

OCT 18 1960

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*James T. Dewe*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4453

P. O. Address 77 Kansas City

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.