S. No. 200
v. 10.48

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

FILED DEC 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36853

BIRTH NO. _____ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 4190 Registrar's No. 42

1. PLACE OF DEATH
a. COUNTY: Gasconade
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bland
c. LENGTH OF STAY (In this place): lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): her residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Gasconade
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bland
d. STREET ADDRESS (If rural, give location): her residence

3. NAME OF DECEASED (Type or Print): a. (First) Alice b. (Middle) Cardelia c. (Last) Stubblefield

4. DATE OF DEATH (Month) (Day) (Year): Nov. 17 1949

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: January 19, 1863

9. AGE (In years last birthday): 86 — If under 1 year: Months ____ Days ____ — If under 24 hrs.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY: ****

11. BIRTHPLACE (State or foreign country): Maries County, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Anthony Jenkins

13b. MOTHER'S MAIDEN NAME: Mahelda May McDaniel

14. NAME OF HUSBAND OR WIFE: William Stubblefield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ****

16. SOCIAL SECURITY NO.: *****

17. INFORMANT'S SIGNATURE OR NAME: Mrs. Garrett Bronson — **ADDRESS:** St. Louis, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Lobar pneumonia - rt. lower lobe. — INTERVAL BETWEEN ONSET AND DEATH: 5 dys.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

790X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-14, 1949, *to* 11-17, 1949, *that I last saw the deceased alive on* 11-17, 1949, *and that death occurred at* 11:23 m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul A. Brenner, M.D. — **23b. ADDRESS:** Owensville, Mo. — **23c. DATE SIGNED:** 11-18-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-20-1949

24c. NAME OF CEMETERY OR CREMATORY: Union Cemetery

24d. LOCATION (City, town, or county) (State): Bland, Mo.

DATE REC'D BY LOCAL REG.: Nov 28, 1949

REGISTRAR'S SIGNATURE: Dorothy Hackmann 363

25. FUNERAL DIRECTOR'S SIGNATURE: Michael & N. Winter — **ADDRESS:** OWENSVILLE

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DEC 7 1949
District Health Officer No. 9,
District File Number----------

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 Mefford H. N. Winter

Signed.....
Student Embalmer

Licensed Embalmer No. 3838

P. O. Address Owensville, 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.