

FILED FEB 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43881

State File No. ....

3

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5725 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Macou</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Hudson</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boynnton</u>	
c. LENGTH OF STAY (In this place) <u>3 mo. 6 da</u>		1050	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Still-Hildreth Sanatorium</u>		d. STREET ADDRESS (If rural, give location) <u>NO STREET ADDRESS</u>	
3. NAME OF DECEASED a. (First) <u>Minnie</u> b. (Middle) <u>L.</u> c. (Last) <u>Stutler</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 31, 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 12, 1877</u>
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife-Post Mistress</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (State or foreign country) <u>Born in Canada, legal residence Rutland, Ill</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Samuel Gray</u>	
13b. MOTHER'S MAIDEN NAME <u>Emma Kelley</u>		14. NAME OF HUSBAND OR WIFE <u>William Stutler</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 <u>B. L. Stutler</u>		ADDRESS <u>Green 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho Pneumonia</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Senile Psychosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	
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>Sept. 25, 1949</u> , to <u>Dec. 31, 1949</u> , that I last saw the deceased alive on <u>Dec. 31, 1949</u> , and that death occurred at <u>USA</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Eldon A. Morgan, D.O.</u>		23b. ADDRESS <u>S.H.O.S., Macou, Mo</u>	
23c. DATE SIGNED <u>12-31-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Jan 2 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>Milan, Missouri</u>		DATE REC'D BY LOCAL REG. <u>1-9-50</u>	
REGISTRAR'S SIGNATURE <u>Ruth Mcneely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Shirley E. Kent</u>	
ADDRESS <u>185</u>		ADDRESS <u>Green City, Mo</u>	

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

MAY 26 1950

MAY 19 1950

RECEIVED 2/1/50  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 2/50/12  
Date Filed 2/4/50

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.

Student .....  
Student Embalmer

Signed *Archie W. Wade*

Licensed Embalmer No. *3037*

P. O. Address *Green City Ga*

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.