

FILED FEB 27 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 5362

0590
 1

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

| | | | | | | | |
|---|--|---|---|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>7807</u> | | PRIMARY REG. DIST. NO. <u>7700</u> | | Registrar's No. <u>31</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Livingston</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u> | | | |
| b. CITY OR TOWN <u>Rural-Grand River Twp.</u> | | c. LENGTH OF STAY (in this place) <u>9 yrs.</u> | | c. CITY OR TOWN <u>Rural-Grand River Twp</u> | | <u>0570</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | | | d. STREET ADDRESS _____ (If rural, give location) | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Horatio</u> b. (Middle) <u>T.</u> c. (Last) <u>Stinson</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 12, 1950</u> | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>Oct. 18, 1890</u> | |
| 9. AGE (in years last birthday) <u>59</u> | | IF UNDER 1 YEAR Months <u>4</u> Days <u>0</u> | | IF UNDER 24 HRS. Hours <u>0</u> Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>Byron County, Ill.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Hiram Stinson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE _____ | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Everett Stinson - Hale, Mo.</u> ADDRESS _____ | | | |
| 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>Cancer of throat + mouth</u> 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. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u> | |
| 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) _____ | | 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>Jan 15, 1950</u> , to <u>Feb 12, 1950</u> , that I last saw the deceased alive on <u>Feb 12, 1950</u> , and that death occurred at <u>2:00 p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Dr. Alvin A. Welch</u> (Degree or title) <u>DO.</u> | | | | 23b. ADDRESS <u>Hale, Mo.</u> | | 23c. DATE SIGNED <u>2-14-50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>2/14/50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Shelburne</u> | | 24d. LOCATION (City, town, or county) (State) <u>Grundy Co. Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>2-14-50</u> | | REGISTRAR'S SIGNATURE <u>Frances B. Neel</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Donald Gordon</u> ADDRESS <u>Chillicothe, Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)



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 Donald Jordan

Licensed Embalmer No. 4191

P. O. Address Chillicothe, 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.