

FILED APR 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13108

532

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 459

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| 1. PLACE OF DEATH a. COUNTY <u>Laclede</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>Laclede</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u> <u>0532</u> | |
| c. LENGTH OF STAY (in this place) <u>10 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>462 Center</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>462 Center St.</u> | | | |

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| 3. NAME OF DECEASED a. (First) <u>William Hubert</u> b. (Middle) <u>Stout</u> c. (Last) <u>Stout</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 4, 1951</u> | | |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>Feb. 4, 1873</u> | 9. AGE (In years last birthday) <u>78</u> | 10. MONTHS <u>2</u> | 11. DAYS <u>1</u> | 12. HOURS <u>1</u> | 13. MIN. <u>2</u> |
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|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------------|----------------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Carpenter</u> | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (State or foreign country) <u>Indiana</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
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|------------------------------------------|-------------------------------------------------|--------------------------------------------------|
| 13a. FATHER'S NAME <u>O. H. C. Stout</u> | 13b. MOTHER'S MAIDEN NAME <u>Sarah J. Bryan</u> | 14. NAME OF HUSBAND OR WIFE <u>Rosella Stout</u> |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Rosella Stout</u> | 18. ADDRESS <u>Lebanon, Mo.</u> |
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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute coronary occlusion</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>3 min.</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic coronary heart disease</u> | | <u>6 mos</u> |
| | DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| | | |
|------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| 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) _____ |
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| 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? _____ |
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22. I hereby certify that I attended the deceased from December 1950, to 4-3, 1951, that I last saw the deceased alive on 4-3, 1951, and that death occurred at 2:30 P. m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>H. C. Carrington, M.D.</u> (Degree or title) _____ | 23b. ADDRESS <u>Lebanon, Mo.</u> | 23c. DATE SIGNED <u>4-6-51</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>4/8/51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Conway Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Conway, Laclede Co. Mo.</u> |
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|------------------------------------------|--------------------------------------------|------------------------------------------------------|-----------------------------|
| DATE REC'D BY LOCAL REG. <u>4-8-1951</u> | REGISTRAR'S SIGNATURE <u>Hella L. Gray</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Halman</u> | ADDRESS <u>Lebanon, Mo.</u> |
|------------------------------------------|--------------------------------------------|------------------------------------------------------|-----------------------------|

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

Received APR 14 1951
Laclede County Health Unit
File No. 4-51-56
Date Filed APR 14 1951

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 *Dersey M. Howe*

Licensed Embalmer No. *4222*

P. O. Address. *Lebanon, 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.