

FILED APR 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13560

State File No.

BIRTH NO. REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 4414 Registrar's No. 35

0820

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

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Ashburn</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ashburn</u>	
c. LENGTH OF STAY (In this place) <u>lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)		a. (First) <u>MILLER</u>		b. (Middle)		c. (Last) <u>STOUT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 5, 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>May 31, 1892</u>		9. AGE (In years last birthday) <u>58</u>		10. <u>10</u> MONTHS		11. <u>4</u> DAYS		12. <u>0</u> HOURS		13. <u>0</u> MIN.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Carpenter</u>		11. BIRTHPLACE (State or foreign country) <u>Pike Co., Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
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13a. FATHER'S NAME <u>John Stout</u>			13b. MOTHER'S MAIDEN NAME <u>Adell Miller</u>			14. NAME OF HUSBAND OR WIFE <u>Margaret Elizabeth 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>490-10-4357</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Miller Stout, Ashburn, Missouri</u>					
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION										INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolus</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.											

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) <u>Pike Mo.</u>	
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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 Apr. 5, 1951, to Apr. 5, 1951, that I last saw the deceased alive on Feb. 2, 1951, and that death occurred at 1:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>E. P. Hansen, D.O.</u> (Degree or title)		23b. ADDRESS <u>Frankford Mo.</u>		23c. DATE SIGNED <u>Apr 5, 1951</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/7/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ashburn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ashburn, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>April 6, 1951</u>		REGISTRAR'S SIGNATURE <u>Bernice Collier</u> <u>374</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sterne Funeral Home, Louisiana, Mo.</u>			
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EMBLER L. AYER

Date Received: APR 14 1951
DISTRICT HEALTH OFFICE #2
District File Number 4-51-721
Date Filed: APR 16 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 J. B. Sterne

Licensed Embalmer No. 4039

P. O. Address Louisiana, 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.