

FILED JUL 23 1951

STANDARD CERTIFICATE OF DEATH.

State File No. **21983**

BIRTH NO. _____		REG. DIST. NO. 15		PRIMARY REG. DIST. NO. 3004		Registrar's No. 57	
1. PLACE OF DEATH a. COUNTY Barton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barton			
b. CITY (If outside corporate limits, write RURAL and give township) Lamar		c. LENGTH OF STAY (in this place) 1 mo		c. CITY (If outside corporate limits, write RURAL and give township) Liberal		OR TOWN 0060	
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital				d. STREET ADDRESS (If rural, give location) City			
3. NAME OF DECEASED (Type or Print) a. (First) John			b. (Middle) Edward		c. (Last) Stout		4. DATE OF DEATH (Month) (Day) (Year) 7 . . . 9 1951
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married		8. DATE OF BIRTH 2-22-1876	9. AGE (In years last birthday) 75	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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired Farmer		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Jessie B Stout			13b. MOTHER'S MAIDEN NAME Susan Ann Lewis		14. NAME OF HUSBAND OR WIFE Eva Cross Stout		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ralph Stout Monett, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Artery Disease ANTECEDENT CAUSES and (b) Supraventricular Fibrillation Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 years! 1 month	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4/301				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)		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 June 13, 1951 , to July 9, 1951 , that I last saw the deceased alive on July 8, 1951 , and that death occurred at 2:20 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE H.M. Arnold M.D.				23b. ADDRESS Lamar, Missouri		23c. DATE SIGNED July 14, 51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-12-51		24c. NAME OF CEMETERY OR CREMATORY Shiloh		24d. LOCATION (City, town, or county) (State) Liberal - Barton Co. Mo.	
DATE REC'D BY LOCAL REG. 7-14-1951		REGISTRAR'S SIGNATURE Marie Konantz		25. FUNERAL DIRECTOR'S SIGNATURE J. M. Berkeley		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JUL 16 1951
Dist. File _____
Date Filed _____

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JUL 16 1951
Dist. File 257-1326
Date Filed 7-18-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed J. M. Berkeley
Licensed Embalmer No. 2336

P. O. Address Mulberry, Kans

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.