No. 300
10.46

191
D

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

STANDARD CERTIFICATE OF DEATH

FILED JAN 8 1952

State File No. 40934

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 164

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harrisonville
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Everett Twp. 0
d. STREET ADDRESS (If rural, give location): 13 mi. S.W. of Harrisonville

3. NAME OF DECEASED (Type or Print)
a. (First): W.
b. (Middle): A.
c. (Last): STUBBLEFIELD

4. DATE OF DEATH (Month) (Day) (Year): Dec 29 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 11 1872
9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Tennessee
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Thomas Stubblefield
13b. MOTHER'S MAIDEN NAME: Lizzie Hendry
14. NAME OF HUSBAND OR WIFE: Mattie M. Stubblefield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: Mattie M. Stubblefield Wife 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

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: 331X
20. AUTOPSY? YES ☐ NO ☒

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) m.: ✓
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐: ✓
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec. 28, 1951, *to* Dec. 29, 1951, *that I last saw the deceased alive on* Dec. 29, 1951, *and that death occurred at* 11 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. T. Barger MD
23b. ADDRESS: Harrisonville Mo
23c. DATE SIGNED: 12-30-51

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Dec 31-1951
24c. NAME OF CEMETERY OR CREMATORY: Freeman Cemetery
24d. LOCATION (City, town, or county) (State): Freeman Mo.

DATE REC'D BY LOCAL REG.: Dec 30 1951
REGISTRAR'S SIGNATURE: Dora Barnard 457-0
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Runnenburgers Harrisonville Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JAN 5 1952
CLAY COUNTY
HEALTH DEPARTMENT

JAN 4 1963

MAY 20 1963

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 Ernest Rennenburger

Licensed Embalmer No. 3368

P. O. Address Harrisonville

Signed _____
Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.