V.S. No. 300
Rev. 10.48

FILED MAR 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7073

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 35

1082
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1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nevada
c. LENGTH OF STAY (In this place): Lifetime
d. FULL NAME OF ~~HOSPITAL OR INSTITUTION~~ (If not in hospital or institution, give street address or location): Atlantic Ave Nevada Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Vernon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nevada 1082
d. STREET ADDRESS (If rural, give location): 1239 N. Main 0

3. NAME OF DECEASED (Type or Print)
a. (First): HARVEY
b. (Middle): FRANKLIN
c. (Last): STUMP

4. DATE OF DEATH (Month) (Day) (Year): 2 - 23 - 52

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: 5 - 11 - 1892
9. AGE (In years last birthday): 59
If under 1 year: Months 9, Days 12
If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telephone Installer Repairman
10b. KIND OF BUSINESS OR INDUSTRY: 1
11. BIRTHPLACE (State or foreign country): Roanoak - Indiana
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Alpha E. Stump
13b. MOTHER'S MAIDEN NAME: Lottie E. Coldesser
14. NAME OF HUSBAND OR WIFE: Marietta C. Stump

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): 1st World
16. SOCIAL SECURITY NO.: 488-07-5452
17. INFORMANT'S SIGNATURE OR NAME: Marietta C. Stump
ADDRESS: Nevada 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): Coronary Thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Heart Condition
DUE TO (c): Died suddenly while working

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
The above cause of death was verified by Dr. Paul L. Barone M.D. who pronounced Mr. Stump dead.

INTERVAL BETWEEN ONSET AND DEATH: —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION:
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): Nevada, Vernon Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 4201

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I ~~last~~ saw the deceased alive on _____, 19__, and that death occurred at 4:10 P. m., from the causes and on the date stated above.*

23a. SIGNATURE: Walter D. Thurman (Degree or title): Coroner
23b. ADDRESS: Nevada, Missouri
23c. DATE SIGNED: 2-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-27-52
24c. NAME OF CEMETERY OR CREMATORY: Newton Burial Park
24d. LOCATION (City, town, or county) (State): Nevada Mo

DATE REC'D BY LOCAL REG.: 2-25-1952
REGISTRAR'S SIGNATURE: Anna E. Ferry 451 0
25. FUNERAL DIRECTOR'S SIGNATURE: Allen V. Hayes
ADDRESS: Nevada Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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MAR 29 1955

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 Allen V. Hayes

Licensed Embalmer No. 1968

P. O. Address Nevada 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.