

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

APR 10 1952

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5631 Registrar's No. 48

530
1

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

1. PLACE OF DEATH <i>Mayfield Twp</i> a. COUNTY <i>Laclede Rural</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <i>Missouri</i> b. COUNTY <i>Laclede</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Rural Mayfield Twp</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Rural Mayfield Twp 0530</i>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <i>Near Stoutland Mo.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>None</i>			

3. NAME OF DECEASED (Type or Print) <i>MARY</i>		a. (First) <i>ELIZABETH</i>		b. (Middle) <i>STUBBLEFIELD</i>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <i>Mar 28 1952</i>	
5. SEX <i>Female</i>		6. COLOR OR RACE <i>white</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>Jan 11 1878</i>		9. AGE (In years last birthday) <i>74</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Stoutland Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		IF UNDER 1 YEAR: Months <i>2</i> Days <i>17</i> IF UNDER 24 HRS: Hours <i>0</i> Min.	

13a. FATHER'S NAME <i>Wm S Miller</i>		13b. MOTHER'S MAIDEN NAME <i>Matilda Honey</i>		14. NAME OF HUSBAND OR WIFE <i>Nathan Stubblefield</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. H.W. Monday Stoutland Mo</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>arterio sclerosis & blood clot</i>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertension heart disease</i>		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>443X</i>					

19a. DATE OF OPERATION <i>None</i>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Natural</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>None</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Mayfield Twp Rural Laclede</i>	
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?	

2. I hereby certify that I attended the deceased from *Jan 15th 1952*, to *March 28th 1952*, that I last saw the deceased alive on *3-28*, 1952, and that death occurred at *4 P. M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Lois Coakley M.D.</i>		23b. ADDRESS <i>Stoutland Mo.</i>		23c. DATE SIGNED <i>3-28-52</i>	
--------------------------------------------	--	--------------------------------------	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>3-30-1952</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Stoutland Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Stoutland Mo</i>	
------------------------------------------------------------	--	-------------------------------	--	-----------------------------------------------------------------	--	----------------------------------------------------------------------	--

DATE REC'D BY LOCAL REG. <i>3-31-1951</i>		REGISTRAR'S SIGNATURE <i>Hella L. Hays</i>		FUNERAL DIRECTOR'S SIGNATURE <i>Wm. J. ...</i>		ADDRESS <i>Stoutland</i>	
----------------------------------------------	--	-----------------------------------------------	--	---------------------------------------------------	--	-----------------------------	--

195 1952

Received

Laclede County Health Unit

File No. X-52-40

Date Filed APR 8 1952

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 Dorsey 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.