

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15538**

FILED JUN 9 1952

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5044 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) Town Washburn		c. CITY (If outside corporate limits, write RURAL and give township) Town Washburn	
c. LENGTH OF STAY (In this place) 32 yrs.		d. STREET ADDRESS (If rural, give location) West side of town	
d. FULL NAME OF HOSPITAL OR INSTITUTION West side of town(home)			

3. NAME OF DECEASED (Type or Print) a. (First) Nancy b. (Middle) Charlottie c. (Last) Stineciper			4. DATE OF DEATH (Month) (Day) (Year) June 3, 1952		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH May 8, 1874		9. AGE (In years last birthday) 78		10. MONTHS 0 DAYS 0 HOURS 0 MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Dallas County, Missouri	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Monday		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Joseph Albert Stineciper	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS J. A. Stineciper, Washburn, 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) Apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential Hypertension 12 years. 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 5 hrs.	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 334X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 Jul 10, 1942, to Mar. 20, 1952, that I last saw the deceased alive on May 20, 1952, and that death occurred at 10:20 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. E. McDaniel M.D.		23b. ADDRESS Cassville, Mo.		23c. DATE SIGNED June 6-1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/5/52		24c. NAME OF CEMETERY OR CREMATORY Cargile Cemetery	
				24d. LOCATION (City, town, or county) (State) Barry County, Missouri	

DATE REC'D BY LOCAL REG. 6-6-1952		REGISTRAR'S SIGNATURE Grace Williams		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. C. Moor Cassville, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 W. C. Hoon

Licensed Embalmer No. 4359

P. O. Address Cassville, 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.