S. No. 300
v. 10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25371

FILED AUG 12 1952

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4426 Registrar's No. 89

1. PLACE OF DEATH
a. COUNTY: Polk 0840
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fair Play,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Polk 0840
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fair Play, Mo. 0
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Fannie
b. (Middle): E.
c. (Last): Stinson

4. DATE OF DEATH (Month) (Day) (Year): 7-8-52

5. SEX: female 1

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Aug. 20 1878

9. AGE (In years last birthday): 73
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): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Polk County, Mo. 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: W.F. Crain

13b. MOTHER'S MAIDEN NAME: Mary Jane Southerland

14. NAME OF HUSBAND OR WIFE: R.G. Stinson Sr.

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: Sylvia Asbell,
ADDRESS: Fair Play, 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) Carcinoma esophagus — INTERVAL BETWEEN ONSET AND DEATH: 7-8 Mo

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: 150X

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* Oct, 19 51, *to* July 8, 19 52, *that I last saw the deceased alive on* June 1, 19 52, *and that death occurred at* 7:15 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. McLean
(Degree or title): MD
23b. ADDRESS: Bellflower Mo
23c. DATE SIGNED: 7/26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial 0

24b. DATE: 7- 9 1952

24c. NAME OF CEMETERY OR CREMATORY: Akard Cemetery

24d. LOCATION (City, town, or county) (State): Fair Play, Mo.

DATE REC'D BY LOCAL REG.: 7/30/52

REGISTRAR'S SIGNATURE: Ralph Gardner per Jewell J. Barker

25. FUNERAL DIRECTOR'S SIGNATURE: Barker, Ewin + Blue,
ADDRESS: Fair Play, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Bolivar 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.