

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED OCT 7 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 194

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jasper</u>   |  | 2. USUAL RESIDENCE: (Where deceased lived. If institution: residence before admission.)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>  |  |
| c. LENGTH OF STAY (in this place) <u>26 yrs</u>  |  | d. STREET ADDRESS (If rural, give location) <u>1152 S. Maple St</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1152 S. Maple St</u>                              |  | e. STREET ADDRESS (If rural, give location) <u>1152 S. Maple St</u>   |  |

|                                     |                           |                           |                           |   |
|-------------------------------------|---------------------------|---------------------------|---------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>CHARLES</u> | b. (Middle) <u>BURTON</u> | c. (Last) <u>STINNETT</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 28-1953</u> |
|-------------------------------------|---------------------------|---------------------------|---------------------------|---|

|                    |                               |   |                                      |   |  |   |
|--------------------|-------------------------------|---|--------------------------------------|---|--|---|
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>March 3-1883</u> | 9. AGE (In years last birthday) <u>70</u> | 10. UNDER 1 YEAR Months _____ Days _____ | 11. UNDER 2 yrs. Hours _____ Min. _____ |
|--------------------|-------------------------------|---|--------------------------------------|---|--|---|

|   |   |   |   |
|---|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired tinner</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>tin shop</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Purdy, Missouri</u> | 12. CITIZENSHIP OF WHAT COUNTRY? <u>USA</u> |
|---|---|---|---|

|   |   |  |
|---|---|--|
| 13a. FATHER'S NAME <u>James H. Stinnett</u> | 13b. MOTHER'S MAIDEN NAME <u>Fannæ Dallas</u> | 14. NAME OF HUSBAND OR WIFE <u>Minnie Nichols Stinnett</u> |
|---|---|--|

|  |  |   |
|--|--|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>490-10-1396</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. C.B. Stinnett</u> ADDRESS <u>1152 Maple, Mo</u> |
|--|--|---|

|   |   |  |                                  |
|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>   |  |                                  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Chronic myocarditis</u><br>DUE TO (c) <u>Hyper tension</u> |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  | <u>6 mo.</u><br><u>18 mo.</u>    |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) | 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 Jan 15, 1953 to Sept 29, 1953, that I last saw the deceased alive on Sept 28, 1953 and that death occurred at 11:55 a.m., from the causes and on the date stated above.

|                                   |                             |                                  |                                 |
|-----------------------------------|-----------------------------|----------------------------------|---------------------------------|
| 23a. SIGNATURE <u>[Signature]</u> | (Degree or title) <u>MD</u> | 23b. ADDRESS <u>Carthage, Mo</u> | 23c. DATE SIGNED <u>9-28-53</u> |
|-----------------------------------|-----------------------------|----------------------------------|---------------------------------|

|   |                            |  |  |
|---|----------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>9-30-1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Carterville Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Carterville, Mo</u> |
|---|----------------------------|--|--|

|   |  |   |
|---|--|---|
| DATE REC'D BY LOCAL REG. <u>9-29-53</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Knell Mortuary, Carthage, Mo</u> |
|---|--|---|

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

RECEIVED OCT 6 1953

Jasper County Health Office

County File Number 53-9-814

Date Filed OCT 6 1953

DEC 9 1953

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

*Robert H. Knell*

Licensed Embalmer No. 4459

P. O. Address Carthage, 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.