

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8310**

BIRTH NO. FILED MAR 29 1954 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 301	
1. PLACE OF DEATH a. COUNTY Greene	
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY Webster	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield c. LENGTH OF STAY (In this place) 1 week	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fordland 1120	
d. FULL NAME OF HOSPITAL OR INSTITUTION BAPTIST HOSPITAL d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) Anna b. (Middle) Lucrecia c. (Last) Stinnett	
4. DATE OF DEATH (Month) (Day) (Year) MAR. 21 1954	
5. SEX F 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Jan. 17, 1885 9. AGE (In years last birthday) 69	
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) MO. 12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Hugh McMillan 13b. MOTHER'S MAIDEN NAME Maggie Owens 14. NAME OF HUSBAND OR WIFE Columbus Stinnett (Deceased)	
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 Ira Stinnett ADDRESS Fordland Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 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) Coronary atherosclerosis DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. acute cholecystitis INTERVAL BETWEEN ONSET AND DEATH 30 min. - ? 6 days	
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) 4201	
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 3/15, 1954 , to 3/21, 1954 , that I last saw the deceased alive on 3/21, 1954 , and that death occurred at 7:30 p.m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Gary D. Callaway MD 23b. ADDRESS Springfield Mo 23c. DATE SIGNED 3/24/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 24b. DATE MAR. 21, 1954 24c. NAME OF CEMETERY OR CREMATORY Fordland 24d. LOCATION (City, town, or county) (State) Fordland MO	
DATE REC'D BY LOCAL REG. 3-25-54 REGISTRAR'S SIGNATURE, Edith Williamson 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Max & Miller Fordland Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 Max J Miller

Licensed Embalmer No. 4720

P. O. Address Fairland, 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.