

FILED JUN 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16741**BIRTH NO. _____ REG. DIST. NO. **247** PRIMARY REG. DIST. NO. **4366** Registrar's No. **19**

| | | | |
|--------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY Newton | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Granby | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Granby | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION HOME | | d. STREET ADDRESS (If rural, give location) NONE | |

| | | | | | |
|----------------------------------------|---------------------------|-------------------------------------------------------------------------|-----------------------------------|----------------------------------|-----------------------------------|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) Emma | b. (Middle) | c. (Last) Wood | (Month) 5 | (Day) 18 | (Year) 1954 |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unmarried | 8. DATE OF BIRTH 3-26-1875 | 9. AGE (last birthday) 79 | 10. UNDER 24 HRS. (Specify) _____ |

| | | | |
|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------|-----------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | 11. BIRTHPLACE (State or foreign country) Granby, Mo. | 12. CITIZEN OF WHAT COUNTRY? USA |
|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------|-----------------------------------------|

| | | |
|---------------------------------------|---------------------------------------------|----------------------------------------------|
| 13a. FATHER'S NAME John Stacey | 13b. MOTHER'S MAIDEN NAME Eva Adkins | 13c. NAME OF HUSBAND OR WIFE Deceased |
|---------------------------------------|---------------------------------------------|----------------------------------------------|

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|-----------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------|-------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Zetta Harbert | ADDRESS Clarkburg, Mo. |
|-----------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------|-------------------------------|

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------|
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage | | INTERVAL BETWEEN ONSET AND DEATH 2 weeks |
| | 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. | | |

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|------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? 331 X 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 **5-17**, 1954, to **5-18**, 1954, that I last saw the deceased alive on **5-17**, 1954, and that death occurred at **7 a m.**, from the causes and on the date stated above.

| | | | |
|--------------------------------|-----------------------------|---------------------------------|---------------------------------|
| 23a. SIGNATURE McRaleus | (Degree or title) MD | 23b. ADDRESS Granby, Mo. | 23c. DATE SIGNED 5.20.54 |
|--------------------------------|-----------------------------|---------------------------------|---------------------------------|

| | | | |
|---------------------------------------------------------|----------------------------|-----------------------------------------------------------|-----------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 5-20-1954 | 24c. NAME OF CEMETERY OR CREMATORY Granby Memorial | 24d. LOCATION (City, town, or county) (State) Granby, Missouri |
|---------------------------------------------------------|----------------------------|-----------------------------------------------------------|-----------------------------------------------------------------------|

| | | | |
|----------------------------------------------|------------------------------------------|---------------------------------------------------------|----------------------------|
| DATE REC'D BY LOCAL REG. May 20, 1954 | REGISTRAR'S SIGNATURE M. L. Young | 25. FUNERAL DIRECTOR'S SIGNATURE Floyd Stumacher | ADDRESS Granby, Mo. |
|----------------------------------------------|------------------------------------------|---------------------------------------------------------|----------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH UNIT

District File Number 554-86

Date Filed MAY 28 1954

NEOSHO, MISSOURI

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 Floyd E. Shermake Jr.

Licensed Embalmer No. 4923

Box 58 Granby, Mo
P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.