

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17928**

BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **192**

1. PLACE OF DEATH a. COUNTY BOONE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MONITEAU	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN COLUMBIA		c. CITY OR TOWN LATHAM	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 59 DAYS		No. STREET ADDRESS (If rural, give location) 06801	
d. FULL NAME OF HOSPITAL OR INSTITUTION ELLIS FISCHER STATE CANCER HOSP.			

3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) Arthur c. (Last) Stout			4. DATE OF DEATH (Month) (Day) (Year) 7 8 54		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 4-27-56	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Days 2 IF UNDER 4 HRS. Hours 11 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) LATHAM - MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME GEORGE W. STOUT		13b. MOTHER'S MAIDEN NAME ELIZABETH HENDIX		14. NAME OF HUSBAND OR WIFE BERTHA STOUT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 500-20-1442		17. INFORMANT'S SIGNATURE OR NAME ADDRESS HOSPITAL RECORDS	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral malacia, left			INTERVAL BETWEEN ONSET AND DEATH 7 1/2 hours
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) central aneurysm secondary to hemorrhage from dividend ulcer			7 1/2 hours
		DUE TO (c) dividend ulcer			7 1/2 hours
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. dividend ulcer			± 3 weeks

19a. DATE OF OPERATION 5 July 54		19b. MAJOR FINDINGS OF OPERATION Dividend ulcer with active hemorrhage		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 **June 30, 1954**, to **July 8, 1954**, that I last saw the deceased alive on **July 8, 1954**, and that death occurred at **3:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Lucy Brown, M.D. (Degree or title)		23b. ADDRESS Ellis Fischer State Cancer Hospital		23c. DATE SIGNED 7 July 54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 8 1954		24c. NAME OF CEMETERY OR CREMATORY California	
24d. LOCATION (City, town, or county) Mo					

DATE REC'D BY LOCAL REG. July 8 1954		REGISTRAR'S SIGNATURE Mrs R.E. Palmer		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 31-0 Parker Funeral Service Columbia	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 27 1954

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.....
Signature of Student Embalmer

Signed *Tom M. Long*

Licensed Embalmer No. *406*

P. O. Address *Columbus*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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