

FILED DEC 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37878

State File No.

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5626 Registrar's No. 190

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Dove ELDRIDGE</u>)		c. LENGTH OF STAY (in this place) <u>8</u> years	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Long Nursing Home</u>		STREET ADDRESS (If rural, give location) <u>Long Nursing Home</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Edward</u> c. (Last) <u>Stout</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 14 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 30, 1871</u>	9. AGE (in years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>14</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stone Mason</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Rochester, New York</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John Stout</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Young</u>	14. NAME OF HUSBAND OR WIFE <u>Maud Stout</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>500-22-4927</u>	17. INFORMANT'S SIGNATURE OR NAME (Information given prior to death) <u>John Edward Stout dec'd.</u> ADDRESS <u>Dove, MO.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>(None)</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>22 Calibre bullet through head</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Self inflicted,</u> 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 <u>E976X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Long nursing home near Dove, Mo.</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Laclede Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov. 14 1954 4AM.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Shot himself through head with 22 cal.</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4: A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L.B. Palmer</u>	23b. ADDRESS <u>Coroner Lebanon, Mo.</u>	23c. DATE SIGNED <u>11-15/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/16/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon City Cemetery Lebanon</u>	24d. LOCATION (City, town, or county) (State) <u>Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11-19-1954</u>	REGISTRAR'S SIGNATURE <u>Mella</u>	424 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L. Way W.E. Holman Lebanon, Mo.</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

over 4

Received 11-27-54
Laclede County Health Unit
File No. 198
Date Filed 11-27-54

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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 Darsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.