

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11414**

FILED APR 29 1955

BIRTH NO. _____ REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 5330 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY Crawford		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Crawford c. CITY (If outside corporate limits, write RURAL and give township) Cherryville d. STREET ADDRESS (If rural, give location)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cherryville		c. LENGTH OF STAY (In this place) 75 yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Margaret	b. (Middle) Evaline	c. (Last) Stinett	4. DATE OF DEATH (Month) (Day) (Year) April 14, 1955
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5. SEX female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 9, 1880	9. AGE (In years) (last birthday) 75	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Mins. _____
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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 (City and State or Foreign Country) Leasburg, Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Thomas J. Phillips	13b. MOTHER'S MAIDEN NAME Nancy Walls	14. NAME OF HUSBAND OR WIFE Robert Stinett
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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 Robert Stinett, Cherryville, Mo.	ADDRESS
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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, 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) Cerebro-vascular accident		1 hour.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility (previous CVA) DUE TO (c) Acute bronchitis		4 yrs. 3 days
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 331 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Apr 14, 1955 to Apr 14, 1955, that I last saw the deceased alive on Apr 14, 1955, and that death occurred at 3:45a m. from the causes and on the date stated above.

23a. SIGNATURE Mrs. L. S. Lohrey	(Degree or title) DD 2	23b. ADDRESS Steelville Mo	23c. DATE SIGNED 4/14/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 4-16-55	24c. NAME OF CEMETERY OR CREMATORY Freeman Cemetery	24d. LOCATION (City, town, or county) (State) Cherryville, Missouri.
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DATE REC'D BY LOCAL REG. 4/22/55	REGISTRAR'S SIGNATURE Mrs. Hazel Lohrey	505 -	25. FUNERAL DIRECTOR'S SIGNATURE Thomas S. Harker	ADDRESS Steelville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Thomas S. Hackett

Licensed Embalmer No. 4332

P. O. Address Steelville, Missouri

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.