

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14573

State File No. ....

FILED JUN 3 1955

BIRTH NO. 1 REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <b>Barry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Monett</b>	c. LENGTH OF STAY (In this place) <b>5 Yrs.</b>	c. CITY OR TOWN <b>Monett</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Home, West Benton St.</b>		e. STREET ADDRESS (If rural, give location) <b>West Benton St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN.</b> b. (Middle) <b>MARION.</b> c. (Last) <b>STOUSE</b>			4. DATE OF DEATH <b>May, 25, 1955</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug. 19, 1866</b>	9. AGE (In years last birthday) <b>88</b>	IF UNDER 1 YEAR Months <b>9</b> Days <b>6</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Texas County, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>John Stouse</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	

14. NAME OF HUSBAND OR WIFE <b>Letha K. Stouse (Desc.)</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Fred Stouse</b>		ADDRESS <b>Monett, Mo.</b>	
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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 <b>6 months</b>		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized arteriosclerosis</b>			DUE TO (c) <b>4201</b>		
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		20. AUTOPSY? ON <input type="checkbox"/> BY <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <b>SUICIDE</b>		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 1-10-54 to May 25, 1955, that I last saw the deceased alive on May 25, 1955, and that death occurred at 6 P. m., from the causes and on the date stated above.

23a. SIGNATURE Frank Ken MD (Degree or title) 23b. ADDRESS Monett Mo. 23c. DATE SIGNED 5-27-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 5/29/55 24c. NAME OF CEMETERY OR CREMATORY Elk Creek Cemetery 24d. LOCATION (City, town, or county) (State) Texas County, Mo.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 5-28-55 Mrs. L. N. Cook 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L. P. Buchanan Monett Mo.

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

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 655-253

DATE REC. 6-1-55

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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.....  
*J. D. Buchanan*

Licensed Embalmer No. 31

P. O. Address Monticello

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.