

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14946

FILED MAY 24 1955

BIRTH NO. _____ REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 5273 Registrar's No. 35

1. PLACE OF DEATH
a. COUNTY Christian
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Porter Twsp.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence Porter Township

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE MO. COUNTY Christian
c. CITY OR TOWN Lixa Mo. R.R.
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) Rural, Porter Twsp. 0200

3. NAME OF DECEASED
a. (First) Herbert
b. (Middle) E.
c. (Last) Stine

4. DATE OF DEATH
Month Day Year
May 14, 1955

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH June 27, 1909

9. AGE (in years last birthday)

IF UNDER 1 YEAR Days
IF UNDER 24 HRS. Hours 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) Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Stine

13b. MOTHER'S MAIDEN NAME Lula Stine

14. NAME OF HUSBAND OR WIFE Mrs. Barbara Stine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. Barbara Stine, Ozark, Mo.

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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction due to acute coronary occlusion
ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Hypertensive Cardio-vascular Disease
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
30 min.
3 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
4201

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-6, 1952, to 5/9, 1955, that I last saw the deceased alive on 5/9, 1955, and that death occurred at 7:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. D. M.D.

23b. ADDRESS 609 Cherry, Springfield Mo.

23c. DATE SIGNED 5/15/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE May 16

24c. NAME OF CEMETERY OR CREMATORY Richwood Cemetery

24d. LOCATION (City, town, or county) (State) Christian, Mo.

DATE REC'D BY LOCAL REG. May 16, 1955

REGISTRAR'S SIGNATURE Olive Hutter

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS T. B. Chaffin Ozark, Mo.

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.....
Signature of Student Embalmer

Signed *T. B. Chaffin*.....

Licensed Embalmer No. *219*

P. O. Address *Ozark*

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.