

FILED NOV 8 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32684

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5392 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent	
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural- Watkins	c. LENGTH OF STAY (in this place) 1 yr	c. CITY OR TOWN LaLenox	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 XXXX		e. STREET ADDRESS (If rural, give location) 2 mile Lenox 0330	

3. NAME OF DECEASED (Type or Print) a. (First) Luther b. (Middle) Martin c. (Last) Stites			4. DATE OF DEATH (Month) (Day) (Year) Oct 23 1955		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov 10 1870	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (City and State or Foreign Country) Dent Co Mo		12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME James Stites	13b. MOTHER'S MAIDEN NAME Mary Ann Stites		14. NAME OF HUSBAND OR WIFE Mary Skiles		
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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. X	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ethro Stites Salem Mo			
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac & pulmonary arrest ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cochesia & debilitation DUE TO (c) Cerebro-vascular accident II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Semility 331X			INTERVAL BETWEEN ONSET AND DEATH 11 months
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? NO		
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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)	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 Dec. 1954, to Oct 25, 1955, that I last saw the deceased alive on Oct. 23, 1955, and that death occurred at 5 P m., from the causes and on the date stated above.

23a. SIGNATURE B. G. Myers D.O.		23b. ADDRESS Licking, Mo.	23c. DATE SIGNED Oct 25, 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 10-26-55	24c. NAME OF CEMETERY OR CREMATORY Mt Herman	24d. LOCATION (City, town, or county) (State) Dent Co Mo		
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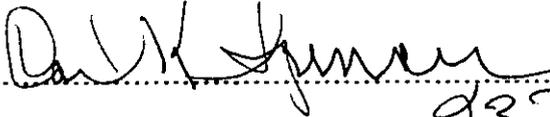
DATE REC'D BY LOCAL REG. 10-26-55	REGISTRAR'S SIGNATURE R. B. Mitchell, M.D.	513	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Salem Mo		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..... 

Licensed Embalmer No. 937

P. O. Address: Dale M. Hunter

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.