

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24182

State File No.

FILED AUG 2 - 1956

| | | | | |
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| BIRTH NO. _____ | | REG. DIST. NO. <u>157</u> | PRIMARY REG. DIST. NO. <u>3028</u> | Registrar's No. <u>154</u> |
| 1. PLACE OF DEATH a. COUNTY Jasper | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper | | |
| b. CITY OR TOWN Carthage | | c. CITY OR TOWN Carthage | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. LENGTH OF STAY (in this place) _____ | | e. STREET ADDRESS (If rural, give location) 1130 S. Main | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION McCune Brooks Hosp. | | 04920 | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Fannie | | b. (Middle) May | c. (Last) Stith | |
| 4. DATE OF DEATH July 23, 1956 | | 5. SEX Female | | |
| 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH July 22, 1870 |
| 9. AGE (In years last birthday) 86 | | IF UNDER 1 YEAR Months 1 | | IF UNDER 24 HRS. Days 1 Hours _____ Min. _____ |
| 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) Meade Co., Ky. |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Stephen Lawson | | |
| 13b. MOTHER'S MAIDEN NAME Susan Haynes | | 14. NAME OF HUSBAND OR WIFE Charles D. Stith | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Joe Robinson, Carthage, 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) Myocardiosis, Chronic Hypertension, Senility | | INTERVAL BETWEEN ONSET AND DEATH 10 years |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) Hypertension, Senility | | 15 years |
| | | DUE TO (c) Nephritis, chron. | | unknown |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | Cerebral hemorrhage (left middle meningeal) | | 16 days |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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) _____ |
| 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 July 6, 1956 , to July 23, 1956 , that I last saw the deceased alive on July 23, 1956 , and that death occurred at 9:15P m. , from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE [Signature] | | 23b. ADDRESS 417 So. Main St. Carthage, Mo. | | 23c. DATE SIGNED JUL 24 1956 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 7-25-56 | | 24c. NAME OF CEMETERY OR CREMATORY Park Cemetery |
| 24d. LOCATION (City, town, or county) (State) Carthage, Mo. | | 25. FUNERAL DIRECTOR'S SIGNATURE Ulmer Funeral Home, Carthage, Mo. | | |
| DATE REC'D BY LOCAL REG. July 25, 1956 | | REGISTRAR'S SIGNATURE Eunice S. Strait, Dep. | | ADDRESS _____ |

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

1390

(Licensed Embalmer's Statement on Reverse Side)

Asper County Health Office
County File Number 56-8-619
Date Filed AUG 1 1956

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 *William A. Fulk*.....

Licensed Embalmer No. 465.....

P. O. Address *Carthage*.....

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.