

FILED NOV 14 1956

STANDARD CERTIFICATE OF DEATH

33808

State File No.

BIRTH NO. REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 2886 Registrar's No. 25-

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Willow Springs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Willow Springs</u>	
c. LENGTH OF STAY (In this place) <u>21 days</u>		d. STREET ADDRESS (If rural, give location) <u>4160</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Memorial Hosp</u>			

3. NAME OF DECEASED (Type or Print) <u>Arthur</u>	a. (First)	b. (Middle)	c. (Last) <u>Stubbs</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 5, 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>October 13, 1884</u>	9. AGE (In years) (last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>72</u>	IF UNDER 24 HRS. Hours <u>72</u>	Min. <u>72</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Joseph Stubbs</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Collins</u>	14. NAME OF HUSBAND OR WIFE <u>Lotta Ann Johnson Stubbs</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>488-16-0093</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harley Stubbs</u>	ADDRESS <u>Willow Springs, Mo.</u>
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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
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ruptured Appendicitis</u> DUE TO (c) <u>Peritonitis-Appendectomy</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension-Cardiac dis.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Ruptured appendix & peritonitis</u>	5501	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 10/15, 1956, to 11/5, 1956, that I last saw the deceased alive on 11/4, 1956, and that death occurred at 3:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harold W Miller MD</u>	23b. ADDRESS <u>Willow Springs Mo</u>	23c. DATE SIGNED <u>11-6-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>11/8/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Old Horton cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Howell county, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-10-56</u>	REGISTRAR'S SIGNATURE <u>Laura Mitchell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>G. C. Burns</u>	ADDRESS <u>Willow Springs Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

26

9501 5 6 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
Student Embalmer

Signed

J. C. Burns

Licensed Embalmer No. 3379

P. O. Address Shiloh Springs, Mo

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.