No. 300
10.48

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

FILED JAN 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44474

BIRTH NO. _____ REG. DIST. NO. 832 PRIMARY REG. DIST. NO. 6116 Registrar's No. 202

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - HW 61 NORTH - SIKESTON
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): Sikeston R4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SIKESTON
d. STREET ADDRESS (If rural, give location): 839 TANNER St

100 3 / 1

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE b. (Middle) FRANKLIN c. (Last) Stout

4. DATE OF DEATH (Month) (Day) (Year): 12-28-56

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 5-21-1914
9. AGE (In years last birthday): 42 — If under 1 year: Months 7, Days 7 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESMAN Wholesale Distributing Co
10b. KIND OF BUSINESS OR INDUSTRY: _____
11. BIRTHPLACE (State or foreign country): CLARKTON - Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: GRANT Stout
13b. MOTHER'S MAIDEN NAME: LAUNASY RUSSON
14. NAME OF HUSBAND OR WIFE: VERNA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): _____
16. SOCIAL SECURITY NO.: _____
17. INFORMANT'S SIGNATURE OR NAME: Mrs Verna Stout — ADDRESS: Sikeston 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull, Mangled face - Crushed chest, left - Fracture head of left humerus — INTERVAL BETWEEN ONSET AND DEATH: 0

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 8161

19a. DATE OF OPERATION: _____
19b. MAJOR FINDINGS OF OPERATION: 26
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HW. 61 - No. of S. Keston
21c. (CITY, TOWN, OR TOWNSHIP): Richland Twsp. (COUNTY): Scott (STATE): Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 28 1956 8:45 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Car - Truck Collision

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:45 A. m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Helena C. Buckthorpe M.D. Health Officer
23b. ADDRESS: Benton Mo
23c. DATE SIGNED: 12-28-56

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 12-30-56
24c. NAME OF CEMETERY OR CREMATORY: GARDEN OF MEMORIES
24d. LOCATION (City, town, or county) (State): SIKESTON Mo.

DATE REC'D BY LOCAL REG.: 12-28-56
REGISTRAR'S SIGNATURE: Mrs Ollie Hunter
25. FUNERAL DIRECTOR'S SIGNATURE: Walsh Funeral Home — ADDRESS: Sikeston Mo

(Licensed Embalmer's Statement on Reverse Side)

129

DATE RECEIVED DEC 31 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1256-276

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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.