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FILED AUG 26 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27812**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 22 PRIMARY REG. DIST. NO. 4134 Registrar's No. 81

1. PLACE OF DEATH  
a. COUNTY **CLAY**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **MO.** b. COUNTY **CLAY**

b. CITY (If outside corporate limits, write RURAL and give township) **SMITHVILLE**

c. LENGTH OF STAY (in this place) **15 YRS.**

c. CITY OR TOWN **SMITHVILLE**

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **SMITHVILLE COMMUNITY HOSP.**  
f. STREET ADDRESS (If rural, give location) **6000**

3. NAME OF DECEASED (Type or Print)  
a. (First) **FANNIE** b. (Middle) \_\_\_\_\_ c. (Last) **STUBBS**

4. DATE OF DEATH (Month) (Day) (Year)  
**AUG. 7, 1957**

5. SEX **FEMALE**

6. COLOR OR RACE **WHITE**

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

8. DATE OF BIRTH (last birthday) **AUG. 12, 1866**

9. AGE (In years) **90**

IF UNDER 1 YEAR Months **II** Days **25**

IF UNDER 1 HR. Hours **\_\_\_\_\_** Mins. **\_\_\_\_\_**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**HOMEMAKER**

10b. KIND OF BUSINESS OR INDUSTRY  
**FARM--RETIRED FR.**

11. BIRTHPLACE (City and State or Foreign Country) **WRIGHT COUNTY, MO.**

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

13a. FATHER'S NAME **PETER SANDERS**

13b. MOTHER'S MAIDEN NAME **ELIZABETH McLAUGHLIN**

14. NAME OF HUSBAND OR WIFE **DIED EDWARD B. STUBBS, 1944**

15. WAS DECEASED EVER IN U.S. ARMY, NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD? (Yes, no, or unknown) (If yes, give war or dates of service)  
**NO**

16. SOCIAL SECURITY NO. **NONE**

17. INFORMANT'S SIGNATURE OR NAME **MRS. LEONA EDWARDS, SMITHVILLE, MO.** ADDRESS \_\_\_\_\_

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
**Cerebral hemorrhage**  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
**Due to (b) Tuberculosis**  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
**no**

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION **331x** 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **July 18, 1957**, to **Aug 7, 1957**, that I last saw the deceased alive on **Aug 7, 1957** and that death occurred at **12 m.**, from the causes and on the date stated above.

23a. SIGNATURE **[Signature]** (Degree or title)

23b. ADDRESS **Southville MA** 23c. DATE SIGNED **8/9/57**

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

24b. DATE **8-9-1957**

24c. NAME OF CEMETERY OR CREMATORY **I.O.O.F. CEMETERY**

24d. LOCATION (City, town, or county) (State) **SMITHVILLE, MO.**

DATE REC'D BY LOCAL REG. **8-9-57**

REGISTRAR'S SIGNATURE **[Signature]**

25. FUNERAL DIRECTOR'S SIGNATURE **[Signature]** ADDRESS **McCOMAS FUNERAL HOME, SMITHVILLE, MO.**

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

(Licensed Embalmer's Statement on Reverse Side)



AUG 27 1957

### 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.....  
*Donald W. Hanks*

Licensed Embalmer No. *H 52*

P. O. Address *Smithville*

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.