

Health, Welfare, Public Service

300 -56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

106

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 22 1957

STATE FILE NUMBER 28925

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 137

1. PLACE OF DEATH a. COUNTY <u>Remiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institutions: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Remiscot</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR Yes <input type="checkbox"/> No <input type="checkbox"/> TOWN <u>Hayti</u>		c. CITY OR TOWN <u>Hayti</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) Residence on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> <u>411 South 1st Street</u>	

3. NAME OF DECEASED (Type or print) <u>Bessie Myrtle Stubbs</u> First Middle Suffix			4. DATE OF DEATH <u>Aug 8, 1957</u> Month Day Year		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan 27, 1887</u>	9. AGE (In years, if UNDER 1 YEAR BY UNDER 24 HRS. last birthday) <u>70</u> Months Day Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Alton Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>James H. Gaither</u>			14. MOTHER'S MAIDEN NAME <u>Harriett Comfort Myers</u>		
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.	17. INFORMANT <u>Harriette Heeter</u> <u>115 West Broadway Hayti, Mo</u>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebro-Vascular Accident</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>Several yrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Biliary Cirrhosis</u>		
	DUE TO (c) <u>Essential Hypertension</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from <u>8/6/57</u> to <u>8/8/57</u> and last saw her alive on <u>8/8/57</u> Death occurred at <u>10:15 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>John K. Reinsworth MD</u>		22b. ADDRESS <u>Hayti, Mo.</u>	22c. DATE SIGNED <u>8/10/57</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-11-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Dry Bayou Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Hayti, Mo Rural</u>
24. FUNERAL DIRECTOR ADDRESS <u>John H. German Hayti, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>8-13-57</u>	26. REGISTRAR'S SIGNATURE <u>John W. German</u>

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

8-232-57

AUG 21 1957

REMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

SEP 19 1957  
SEP 17 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 *John St. German*

Licensed Embalmer No. *42*

P. O. Address *Hayti*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.