. Health,
& Welfare
. Public
h Service

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED DEC 3 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41536
STATE FILE NUMBER

Registration District No. 291 Primary Registration District No. 5992 Registrar's No. 70

1. PLACE OF DEATH
a. COUNTY: Putnam
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rural-Lincoln Tmp. — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Unionville — Length of stay in Ib: life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Putnam
c. CITY OR TOWN: Rural-Lincoln Tmp. — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Unionville — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) — First: Orris — Middle: — Last: Stover

4. DATE OF DEATH — Month: Nov. Day: 22 Year: 1957

5. SEX: M

6. COLOR OR RACE: W.

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: Nov. 20, 1892

9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months —, Days 2 — IF UNDER 24 HRS.: Hours, Min.

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

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Putnam Co.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph P. Stover

14. MOTHER'S MAIDEN NAME: Laura A. Hill

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT — Address: Marie Stover-Unionville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteris-sclerosis
DUE TO (c) 331X

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov 22 57, to Nov. 22/57 and last saw ~~her~~ him alive on Nov. 22/57
Death occurred at 3:00 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): L. W. McDonald DO 2

22b. ADDRESS: Unionville, Mo.

22c. DATE SIGNED: 11-25-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

23b. DATE: 11-24-57

23c. NAME OF CEMETERY OR CREMATORY: New Comers

23d. LOCATION (City, town, or county): Kansas City (State): MO

24. FUNERAL DIRECTOR — ADDRESS: F. O. Husted & Son-Unionville, Mo.

25. DATE RECD. BY LOCAL REG.: 11-30-57

26. REGISTRAR'S SIGNATURE: Marvell Durbin

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Murl E. Husted

Licensed Embalmer No. 330

P. O. Address Unionville

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