

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017997
STATE FILE NUMBER

FILED MAY 28 1958 Registration District No. 144 Primary Registration District No. 5562 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Iron	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Arcadia Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Rural-Arcadia Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION The Home for Aged Baptists Length of stay in lb 2yr. 2mo. 1 da.		d. STREET ADDRESS 1 1/2 mi. E. on Hwy. 70 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Stephen Middle William Last Stinson		4. DATE OF DEATH Month May Day 20 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 16, 1870
9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Month 7 Day 4	IF UNDER 24 HRS. Hour 4 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown		10b. KIND OF BUSINESS OR INDUSTRY unknown	11. BIRTHPLACE (City and state or country) Tipton, Missouri.
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME William H. Stinson	
14. MOTHER'S MAIDEN NAME Amanda White		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. none		17. INFORMANT Dolores Weiss, Ironton, Mo. Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic pyelonephritis. Interval between onset and death 4 months DUE TO (b) Benign prostatic hypertrophy. 1 year DUE TO (c) Arteriosclerosis. 610X 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? 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 1:30 a. m. A. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Tipton Mo. COUNTY STATE	
21. I attended the deceased from July '57 to 5/16/58 and last saw her/him alive on 5/16/58 Death occurred at 1:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Marvin C. Menne, M.D.		22b. ADDRESS 109 N. Main, Ironton, Missouri	
22c. DATE SIGNED 5/22/58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 5-22-58		23c. NAME OF CEMETERY OR CREMATORY City Cemetery	
23d. LOCATION (City, town, or county) Tipton Mo.		(State)	
24. FUNERAL DIRECTOR White Funeral Home ADDRESS 5-23-58		25. DATE RECD. BY LOCAL REG. 5-23-58	
26. REGISTRAR'S SIGNATURE Marvin C. Menne			

(Licensed Embalmers' Statement on Reverse Side)

Health, Welfare Service
300 1-56
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All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. Over most use only standard nomenclature in item 18. No symptoms will be listed. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAY 29 1958

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 *Aucley White*.....

Licensed Embalmer No. *391*

P. O. Address *Durham*

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.