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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-029561
STATE FILE NUMBER

FILED SEP 2 1958 Registration District No. 178 Primary Registration District No. 4286 Registrar's No. 53

1. PLACE OF DEATH
a. COUNTY Lewis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LaGrange — Inside Limits Yes ✓ No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home — Length of stay in 1b 30 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lewis
c. CITY OR TOWN LaGrange 0560 — Inside Limits Yes ✓ No
d. STREET ADDRESS (If outside, give location) No Street Address — Reside on Farm Yes No ✓

3. NAME OF DECEASED (Type or print) First: Ahma Middle: Atwood Last: Stout
4. DATE OF DEATH Month: August Day: 27 Year: 1958
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ✓ DIVORCED ☐
8. DATE OF BIRTH March 15, 1877
9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Nelsonville Mo
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME John Bowles
13b. MOTHER'S MAIDEN NAME Artameeia Samuel
14. NAME OF HUSBAND OR WIFE Saunders LaRue Stout
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 Wilfred Stout — Address LaGrange, Mo.

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) trachea-bronchitis, anemia — INTERVAL BETWEEN ONSET AND DEATH 3 or 4 years.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 501X
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 ☐ NO ☐

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 Oct. 31-'57 to 8-25-'58 and last saw her/him alive on 8-22-'58
Death occurred at 8-27-'58 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) P. W. Jennings, M.D.
22b. ADDRESS Canton, Mo.
22c. DATE SIGNED 8-30-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Buried
23b. DATE August 29, 1958
23c. NAME OF CEMETERY OR CREMATORY Emerson Cemetery
23d. LOCATION (City, town, or county) (State) Emerson Missouri

24. FUNERAL DIRECTOR J. Kenneth Bailey — ADDRESS LaGrange Mo
25. DATE RECD. BY LOCAL REG. 8-30-'58
26. REGISTRAR'S SIGNATURE P. W. Jennings, M.D. E.L.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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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 J. Kenneth Bailey

Licensed Embalmer No. 4248

P. O. Address La Grange, Mo

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.