

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014332

STATE FILE NUMBER

FILED MAY 15 1959 Registration District No. 267 Primary Registration District No. 5905 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Portageville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Portageville
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION R. 2 Wolf Bayou		Length of stay in lb 1 Hr.	d. STREET ADDRESS (If outside, give location) R. 3
3. NAME OF DECEASED (Type or print) First Middle Last Nena Joyce Stumbaugh			4. DATE OF DEATH Month Day Year May 10, 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-21-1943
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Girl		10b. KIND OF BUSINESS OR INDUSTRY X	9. AGE (In years last birthday) 16
11a. BIRTHPLACE (City and state or country) Paso Robler, Calif.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Stumbaugh		13b. MOTHER'S MAIDEN NAME Jewell Cossey	14. NAME OF HUSBAND OR WIFE X
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No X		16. SOCIAL SECURITY NO. X	17. INFORMANT James Stumbaugh Address Portageville, Mo.
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>Shot</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 850X 42			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" 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.) <u>Boat Sunk</u>	
20c. TIME OF INJURY Hour Month, Day, Year 4:40 P.M. 5-10-59		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, store, office bldg., etc.) <u>Miss. River</u>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN OR LOCATION COUNTY STATE <u>R. 2 Portageville, Pemiscot, Mo.</u>	
21. I attended the deceased from _____ to _____ and I saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>James A. Debus</u> (Degree or title) ³		22b. ADDRESS <u>Wardell, Mo.</u>	
22c. DATE SIGNED <u>5-11-59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-12-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Portageville Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Portageville, Mo.</u>
24. FUNERAL DIRECTOR <u>Osburn Funeral Home, Wardell, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>5/12/59</u>	26. REGISTRAR'S SIGNATURE <u>Valeria Popham</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 13 1959

CARUTHERSVILLE, MO.

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 *James G. Dabun*

Licensed Embalmer No. *4185*

P. O. Address *Wardell, 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.