URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 21 1959

'59 046565

STATE FILE NUMBER

Registration District No. 381 Primary Registration District No. 4512 Registrar's No. 119

ENDED

1. PLACE OF DEATH
a. COUNTY: Sullivan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Newtown — Length of stay in 1b: 10 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Home — Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First: William Middle: Grover Last: Stout

4. DATE OF DEATH: Month: Dec. Day: 4 Year: 1959

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
DATE OF BIRTH: 12-18-91
9. AGE (last birthday): 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Newtown, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: I. G. Stout
13b. MOTHER'S MAIDEN NAME: Lois Miller
14. NAME OF HUSBAND OR WIFE: Lena B. Stout

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: 496-07-5816
17. INFORMANT: Address: Mrs. Lena B. Stout, Newtown, 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): Acute suppression of urine
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Chronic Nephritis
DUE TO (c): Diabetes
INTERVAL BETWEEN ONSET AND DEATH: 2 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Fracture of hip + Lumbar

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 Sept 59, to Dec 4 59 and last saw ~~her~~ him alive on Dec 3 59
Death occurred at 9:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: E. T. Mains (Degree or title) M.D.
22b. ADDRESS: Kirkland Mo
22c. DATE SIGNED: 12/5/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12-6-'59
23c. NAME OF CEMETERY OR CREMATORY: Newtown Cemetery
23d. LOCATION (City, town, or county) (State): Newtown, Mo.

24. FUNERAL DIRECTOR ADDRESS: Judd and Payne, Newtown, Mo.
25. DATE RECD. BY LOCAL REG.: 12-18-59
26. REGISTRAR'S SIGNATURE: Mrs. M. W. Beckett

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed T. Howard Jackl

Signature of Student Embalmer

Licensed Embalmer No. 3240

P. O. Address New Town

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