

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 24 1961

-61-001666

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 53

STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Missouri b. COUNTY Caldwell	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, Mo		c. CITY OR TOWN Braymer	
Length of stay in lb 9 days		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital		d. STREET ADDRESS (If outside, give location) Route 2	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last John B. Stubblefield			4. DATE OF DEATH Month Day Year 1 4 1961		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/17/97	9. AGE (last birthday) 63	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and state or country) Braymer, Mo	12. CITIZEN OF WHAT COUNTRY U.S.A
13a. FATHER'S NAME ABRAHAM L. STUBBLEFIELD	13b. MOTHER'S MAIDEN NAME ADELIA E. ISHMAEL	14. NAME OF HUSBAND OR WIFE EDNA V. SIMKINS	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or types of service) YES WW#1	16. SOCIAL SECURITY NO.	17. INFORMANT Michael Funeral Home - Braymer, Mo	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Meningitis undetermined type with hydrocephalus + venous thrombosis		2 wks
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)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 a.m. p.m. 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 Braymer, Mo	COUNTY Caldwell	STATE Mo
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21. I attended the deceased from **Dec. 1960** to **January 4, 1961** last saw her/him alive on **Jan 4, 61**
Death occurred at **Home** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M. G. Berry M.D.	(Degree or title)	22b. ADDRESS 315 Nichols Rd Kansas City, Mo	22c. DATE SIGNED Jan 5, 61
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) Removal	23b. DATE 1-4-61	23c. NAME OF CEMETERY OR CREMATORY -	23d. LOCATION (City, town, or county) Braymer, Mo
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24. FUNERAL DIRECTOR STINE & MCCLURE F.H. K.C. Mo	25. DATE RECD. BY LOCAL REG. 1-5-61	26. REGISTRAR'S SIGNATURE Ruth Long
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

NS JAN 24 1961

201 Rega med Body
930 755

JAN 27 1961

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.