

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028623

STATE FILE NUMBER

AMENDED

Registration District No. 62 Primary Registration District No. 4108 Registrar's No. _____

FILED AUG 21 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

coronary occlusion
Congestive heart failureAcute decompensated heart
Enlarged heart

BY AFFIDAVIT OF attending physician

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Stockton</u>		Length of stay in lb		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>		c. CITY OR TOWN <u>Stockton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>208 S. Church St.</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>208 S. Church St.</u>				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>ETHEL</u> Middle <u>DEAN</u> Last <u>STINSON</u>						4. DATE OF DEATH Month <u>Aug.</u> Day <u>18</u> Year <u>1961</u>							
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>8/24/87</u>		9. AGE (last birthday) <u>73</u>		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) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and state or country) <u>Stockton, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					
13a. FATHER'S NAME <u>George M. Miller</u>				13b. MOTHER'S MAIDEN NAME <u>Josie Pankey</u>				14. NAME OF HUSBAND OR WIFE <u>Walter Stinson</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO.		17. INFORMANT <u>Walter Stinson, Stockton, Mo.</u> 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) <u>Acute decompensated heart</u> <u>coronary occlusion</u> Enlarged heart <u>congestive heart failure</u>										INTERVAL BETWEEN ONSET AND DEATH <u>about 8 hr</u> <u>8 months</u>			
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			
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 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		COUNTY		STATE			
21. I attended the deceased from <u>Aug. 17-61</u> to <u>Aug. 18-61</u> and last saw her <u>live on</u> <u>on Aug. 17-61</u> Death occurred at <u>12:15 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>[Signature] D.O.</u>						22b. ADDRESS <u>Stockton, Mo.</u>			22c. DATE SIGNED <u>8-18-61</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8/20/1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Stockton City Cemetery</u>				23d. LOCATION (City, town, or county) <u>Stockton, Mo.</u>		(State)			
24. FUNERAL DIRECTOR <u>CANTLAN FUN. HOME, STOCKTON, MO.</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>8-18-61</u>		26. REGISTRAR'S SIGNATURE <u>Mrs Geneva Cantlon</u>					

(Licensed Embalmer's Statement on Reverse Side)

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 John A. Cantlow

Licensed Embalmer No. 4387

P. O. Address Stockton, Me

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.