

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032003

STATE FILE NUMBER

FILED 007 9 1961 Primary Registration District No. 1000 Registrar's No. 1000

DATE AMENDED
INSTEAD OF
DOCUMENT
SHOULD READ
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Doniphan						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in lb 2 Days		c. CITY OR TOWN Troy		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Josephs Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) * * * *		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Mary Middle- Loretta Last Stout				4. DATE OF DEATH Month October Day 1 Year 1961						
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3/21/1873	9. AGE (last birthday) 88	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Cherryvale Kansas		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME James Smith			13b. MOTHER'S MAIDEN NAME Margaret Devereux			14. NAME OF HUSBAND OR WIFE Oke 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. None		17. INFORMANT Miss Nellie Cooney Troy Kansas					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage							INTERVAL BETWEEN ONSET AND DEATH 3 days			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) A-S-C-V-D				DUE TO (c)		5 yrs	
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 type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input 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 Month Day Year a.m. p.m.			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 June 6, 1950 to death and last saw her alive on 30 Sept 61 Death occurred at 8:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE E. Yoder M.D. (Degree or title)					22b. ADDRESS Denton Kans			22c. DATE SIGNED 2 Oct 61		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10/1/61	23c. NAME OF CEMETERY OR CREMATORY St. Benedicts		23d. LOCATION (City, town, or county) Bendena Kansas		23e. (State)			
24. FUNERAL DIRECTOR Thomas B. Libberts ADDRESS Troy Kansas			25. DATE RECD. BY LOCAL REG. Oct. 5, 1961		26. REGISTRAR'S SIGNATURE Wm Clark Goodell					

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 Charles M. Harman

Licensed Embalmer No. 4487

P. O. Address Watheney, KS

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.