

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031631

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 39 Primary Registration District No. 59 520 Registrar's No. 142

**FILED SEP 10 1963**

DO NOT WRITE ON THIS STUD

AMENDED

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>COADWATER TWP.</u>		c. CITY OR TOWN <u>DREXEL</u>	
Length of stay in 1b <u>3 YRS</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ROUTE 2 DREXEL</u>		d. STREET ADDRESS (If outside, give location) <u>ROUTE 2</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>CHARLES</u> Middle <u>EDWARD</u> Last <u>STUBBLEFIELD</u>			4. DATE OF DEATH Month <u>9</u> Day <u>3</u> Year <u>1963</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>1-19-1899</u>
9. AGE (last birthday) <u>64</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CLOTHING</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>PECUNIAR, MISSOURI</u>	
11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>GEORGE STUBBLEFIELD</u>		13b. MOTHER'S MAIDEN NAME <u>DORA URTON</u>	
14. NAME OF HUSBAND OR WIFE <u>CHELLA STUBBLEFIELD</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, np, or unknown) (If yes, give war or dates of service) <u>Yes WWII</u>	
16. SOCIAL SECURITY NO. <u>Drexel</u>		17. INFORMANT <u>CHELLA G. STUBBLEFIELD</u> Address <u>Route 2 Mo</u>	
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>Presumed to be "Natural Causes"</u> INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u> DUE TO (b) <u>had legit trouble for some time</u> <u>suffered a present heart attack</u> DUE TO (c) <u>Cass Co Coroner was notified</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cass Co Coroner investigated</u>			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 checked="" type="checkbox"/>	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>Found dead in home</u>	
20c. TIME OF INJURY <u>9-3-63</u> Hour <u>9</u> p.m. Month, Day, Year <u>3-63</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	20f. CITY, TOWN, OR LOCATION <u>Drexel</u> COUNTY <u>Cass</u> STATE <u>MO</u>
21. I attended the deceased from _____ to _____ and last 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 (Degree or title) <u>Ray G. Sebree J. Reg</u>		22b. ADDRESS	22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>9-7-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>PECUNIAR CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>PECUNIAR, MISSOURI</u>
24. FUNERAL DIRECTOR <u>RUNYAN FUNERAL HOME</u> ADDRESS <u>DREXEL, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>9-2-63</u>	26. REGISTRAR'S SIGNATURE <u>Ray G. Sebree</u>

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59

1 0190

2 0190

3

4 0

5 1

6

7 0

8 2

9 4344

10

11

12 90-8

13 20

SEP 17 1963

DEC 24 1963

**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

*Larry L. Todd*

Licensed Embalmer No. 5111

P. O. Address Prepel, 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.