

APR 19 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10599
Do not use this space.

1. PLACE OF DEATH

(a) County Daviess Registration District No. 250
 (b) Township _____ Primary Registration District No. 4150 Registered No. 11
 (c) City Gallatin (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Eva Lena Stout 330

(a) Residence, No. Gallatin, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. J. Stout
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 8, 1889
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 48 4 10
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. Own Home
 10. Date deceased last worked at this occupation (month and year) March 1935 11. Total time (years) spent in this occupation. Life

12. BIRTHPLACE (CITY OR TOWN) Daviess Co., U
 (STATE OR COUNTRY) Missouri +

FATHER 13. NAME Jesse C. Winburn +
 14. BIRTHPLACE (CITY OR TOWN) Unk. +
 (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Eliza Finnell
 16. BIRTHPLACE (CITY OR TOWN) Unk.
 (STATE OR COUNTRY) Kentucky

17. INFORMANT C. J. Stout
 (ADDRESS) Gallatin, Missouri

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Brown Cemetery DATE Mar. 20 38

19. FUNERAL DIRECTOR (NAME) Hope Furn. & Und. Co.
 (ADDRESS) Gallatin, Missouri

20. FILED Mar. 19 1938 H.A. Hope
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18 1938

22. I HEREBY CERTIFY that I attended deceased from Jan 38 to Mar 1938
 I last saw her alive on Mar 17 1938 Death is said to have occurred on the date stated above, at 5:40 AM
 The principal cause of death and related causes of importance were as follows:

Coronary w of ventricles Date of onset 1937
Acute myocardial infarction Jan 1938
myelitis

Other contributory causes of importance: 53

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify W.D. Graham
 (Signed) Jamison Ma M. D.
 227 (Address)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, _____

L. O. Richesson _____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed L. O. Richesson _____

Licensed Embalmer No. 3302 _____

P. O. Address Gallatin, 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 this body is not embalmed, above space should be left blank.