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21492

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

14565

State File No.

Registration District No. 162

Primary Registration District No. 5-227-4564

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Boon  
(b) City or town Peabottom, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: ✓  
(If not in hospital or institution, write street number or location) 2  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community ✓  
years, months or days 2 11

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass  
(c) City or town Peabottom  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24 24<sup>th</sup>  
year 1940 hour 5 21 minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from March 31, 1940  
\_\_\_\_\_ 19 \_\_\_\_\_ to April 23 1940

that I last saw him alive on April 23 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Uremic Coma Duration 1 day

Due to Chr. Interstitial Nephritis

Due to arteriosclerosis

Other conditions Paralytic agitons  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 1/1  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

153 (Specify type of place) While at work? (a) Means of injury \_\_\_\_\_

23. Signature Walter V. Robbins (M. D. or other) \_\_\_\_\_  
Address Peabottom, Mo Date signed 4/25/40

3. (a) PRINT FULL NAME GEORGE STUBBLEFIELD

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Dora Stubblefield 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Sept 19 (Month) (Day) (Year) 1868

8. AGE: Years 23 Months 7 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Peabottom (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business General

12. Name Thomas Stubblefield

18. Birthplace Peabottom (City, town, or county) (State or foreign country)

14. Maiden name Agnes Hendrix

15. Birthplace Peabottom (City, town, or county) (State or foreign country)

16. (a) Informant My Dora Stubblefield  
(b) Address Peabottom, Mo

17. (a) Peabottom County (b) Date thereof 4/26/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Peabottom Mo

18. (a) Signature of funeral director RUNNENBURGER'S  
(b) Address HARRISONVILLE, MO.

19. (a) 4/25/40 (b) Walter V. Robbins  
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Ernest Rimmnburger

Licensed Embalmer No. 3368

P. O. Address Harrisonville 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.**