

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3891**

FILED MAR 6 1948

Registration District No. **12**

Primary Registration District No. **3003**

Registrar's No. **15**

1. PLACE OF DEATH:
(a) County **Barry**
(b) City or town **Monett**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **none**
(Specify whether)
In this community **fifty years**
(years, months or days)

3. (a) PRINT FULL NAME **Dona Stormington**
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **J. H. Stormington**
6. (c) Age of husband or wife if alive **deceased** years _____
7. Birth date of deceased **August 7 1859**
(Month) (Day) (Year)

8. AGE: Years **88** Months **6** Days **0**
If less than one day hr. _____ min. _____

9. Birthplace **Bentonville, Arkansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Dr. G. H. Jefferies**

13. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Ricketts**

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

16. (a) Informant **Mrs. Mable Woolsey**
(b) Address **401 - 4th St. Monett**

17. (a) **Burial** (b) Date thereof **Feb 9 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Odd Fellows Cemetery, Monett**

18. (a) Signature of funeral director **Bennett + Stormington**
(b) Address **Monett, Missouri**

19. (a) **2-14-48** (b) **W. M. West**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Barry**
(c) City or town **Monett**
(If outside city or town limits, write "RURAL")
(d) Street No. **401 - 4th Street**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **7**
year **1948** hour **2** minute **30** P.M.

21. I hereby certify that I attended the deceased from **Sept 7 1946** to **Feb 7 1948**
that I last saw her alive on **Feb 7 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial failure** Duration **6 wks.**

Due to **Ch. arteriosclerotic cardio-vascular and cerebral**

Due to **Socially**

Other conditions **Ch. pneumonia & bronchitis**
(Include pregnancy within 3 months of death)

Major findings: Of operations **none**

Of autopsy **none** **131A**

Duration

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? _____

(Specify type of place) _____

While at work? (e) Means of injury _____

23. Signature **Robert A. Dudley** (M. D. or other) **MD**

Address **Monett, Mo.** Date signed **2-9-48**

WRITE PLAINLY—USE UNFADING BLACK INK—WRITE A CLEAR, LEGIBLE NAME

APR 2 1948

RECEIVED

District Health Officer No. 6,
District File Number 248-282
Date Filed MAR 4 1948

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 R Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Monett, Missouri

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, fact should be so stated above.

2B
45
43880

State File No. Maich
Registrar's No. 10-

Registration District No. 13 Primary Registration District No. 3003

1. PLACE OF DEATH:
(a) County Barry
(b) City or town Manett
(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)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____)
years, months or days
3. (a) PRINT FULL NAME Sara Wormington
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____
7. Birth date of deceased aug 7 (Month) (Day) (Year)

8. AGE: Years 88 Months _____ Days _____ (Less than one day) hr. _____ min. _____

9. Birthplace _____ (City, town, or county) (State or foreign country)
10. Usual occupation Housewife

MOTHER FATHER {
11. Industry or business _____
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) (Specify whether _____)
(c) Place: burial or cremation _____

13. (a) Signature of funeral director _____
(b) Address _____
19. (a) 3-12-48 (b) W. M. West
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July year 1948 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to _____
Due to _____
Other conditions _____ (include pregnancy within 3 months of death)
PHYSICIAN _____
Major findings:
Of operations _____
Of autopsy _____
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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

1948

S-3891