S. No. 300
v. 10.48

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FILED JAN 13 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 42206

BIRTH NO. [illegible] REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6152 Registrar's No. 76

**1. PLACE OF DEATH**
a. COUNTY: Stoddard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Liberty)
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stoddard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Liberty)
d. STREET ADDRESS (If rural, give location): 0

103
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**3. NAME OF DECEASED** (Type or Print)
a. (First): Susan
b. (Middle): Cordelia
c. (Last): Stonecipher

**4. DATE OF DEATH** (Month) (Day) (Year): Dec. 29, 1948

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: Feb. 16, 1875
**9. AGE** (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Retired
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): Campbell, Mo. 0
**12. CITIZEN OF WHAT COUNTRY?**: U. S.

**13a. FATHER'S NAME**: Joseph Wesley Crawford
**13b. MOTHER'S MAIDEN NAME**: Unknown
**14. NAME OF HUSBAND OR WIFE**: John C. Stonecipher

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no
(If yes, give war or dates of service):
**16. SOCIAL SECURITY NO.**:
**17. INFORMANT'S SIGNATURE OR NAME**: Guy Stallion, ADDRESS: Dexter, Mo.

**18. CAUSE OF DEATH** Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

5:30

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertension — 10 years
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**:
**20. AUTOPSY?** YES ☐ NO ☐

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify):
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.):
**21c.** (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.:
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**:

**22.** *I hereby certify that I attended the deceased from* Dec 26, 1948, *to* Dec 29, 1948, *that I last saw the deceased alive on* Dec 26, 1948, *and that death occurred at* 5:30 P *m., from the causes and on the date stated above.*

**23a. SIGNATURE**: Dr Herald A Poe (Degree or title): D.O.
**23b. ADDRESS**: Dexter Mo
**23c. DATE SIGNED**: 1/3/49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 12-31-48
**24c. NAME OF CEMETERY OR CREMATORY**: Caroline Dowdy
**24d. LOCATION** (City, town, or county) (State): Dexter, Mo.

**DATE REC'D BY LOCAL REG.**: 1-4-49
**REGISTRAR'S SIGNATURE**: Velma V. Jenkins 409
**25. FUNERAL DIRECTOR'S SIGNATURE**: Strickland-Rainey ADDRESS: Dexter, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. 2
District File Number 149-45
Date Filed 1-10-49

## 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 .....
Student Embalmer

Signed [illegible]

Licensed Embalmer No. 3479

P. O. Address Olney, 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, fact should be so stated above.**