

FILED FEB 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42481

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Howell</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Siloam Springs, Mo.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Siloam Springs, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Siloam Springs, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christa Hogan Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wood</u> b. (Middle) <u>Wood</u> c. (Last) <u>Stubbs</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 23 48</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u>	8. DATE OF BIRTH <u>3-24-45</u>
9. AGE (In years last birthday) <u>3</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>
11. BIRTHPLACE (State or foreign country) <u>Siloam Springs, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Everett L. Stubbs</u>		13b. MOTHER'S MAIDEN NAME <u>Adnes Collins</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Everett L. Stubbs</u> ADDRESS <u>Siloam Spgs. Mo.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peritonitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>appendicitis</u> DUE TO (c) <u>56 00</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>12/23/48</u>		19b. MAJOR FINDINGS OF OPERATION <u>Several Peritonitis</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
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) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>12-22-1948</u> , to <u>12-23-1948</u> , that I last saw the deceased alive on <u>12-23-1948</u> , and that death occurred at <u>7:00</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Ch. Sullivan M.D.</u>		23b. ADDRESS <u>West Plains, Mo.</u>	
23c. DATE SIGNED <u>1-5-49</u>		24a. BURLIAL, CREMATION, REMOVAL (Specify) <u>B</u>	
24b. DATE <u>12-24-48</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Siloam Springs</u>	
24d. LOCATION (City, town, or county) (State) <u>Siloam Springs, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson</u> ADDRESS <u>Funeral Home</u>	
DATE REC'D BY LOCAL REG. <u>Jan 29. 49</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u> 379	

(Licensed Embalmer's Statement on Reverse Side)

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

16  
1  
1

West Plains, Mo.

RECEIVED 2-2-49  
District Health Officer No. 5.  
District File Number 249100  
Date Filed 2-2-49

**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 \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_  
Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.