

FILED FEB 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1093

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4213 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <i>Henry</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Henry</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Montrose</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Montrose</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>AT HOME MONTROSE MO</i>		d. STREET ADDRESS (If rural, give location) <i>AT HOME MONTROSE MO</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Virginia</i> b. (Middle) <i>Stafford</i> c. (Last) <i>Stout</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Feb 9 - 49</i>		
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Oct 10 - 1870</i>	9. AGE (In years last birthday) <i>78</i>	IF UNDER 1 YEAR Months <i>3</i>	IF UNDER 1 YEAR Days <i>29</i>	IF UNDER 1 YEAR Hours <i></i>	IF UNDER 1 YEAR Min. <i></i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Home maker</i>	11. BIRTHPLACE (State or foreign country) <i>St Louis Co MO</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>M. B. Stuckland</i>	13b. MOTHER'S MAIDEN NAME <i>Mary Conway</i>	14. NAME OF HUSBAND OR WIFE <i>Scott Stout</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <i>no</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Woodville Stout</i>	ADDRESS <i>Montrose Mo</i>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 hrs</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arterio-sclerosis</i>		
	DUE TO (c) _____		
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 <i>4201</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *2-9*, 19*49*, to *2-9*, 19*49*, that I last saw the deceased alive on *2-9*, 19*49*, and that death occurred at *7 P.* m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>W. E. Baggerly M.D.</i>	23b. ADDRESS <i>Montrose MO</i>	23c. DATE SIGNED <i>2-10-49</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Feb 11 - 49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Capleton City Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Capleton City MO</i>
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DATE REC'D BY LOCAL REG. <i>Feb 11 - 49</i>	REGISTRAR'S SIGNATURE <i>R. P. Kerney</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Welling Bros</i>	ADDRESS <i>Montrose MO</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 73

District File Number 1-49-79

Date Filed 2-14-49

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

on the 9th day of Feb- 1949

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Frank Lee

Licensed Embalmer No. 1099

P. O. Address W. J. Johnson City, 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.