

FILED FEB 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7237

State File No.

BIRTH NO.		REG. DIST. NO. <u>374</u>		PRIMARY REG. DIST. NO. <u>4547</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>Worth</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grant City</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grant City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Cora</u>		b. (Middle) <u>Dean</u>		c. (Last) <u>Stabe</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2</u> <u>9</u> <u>1949</u>	
8. DATE OF BIRTH <u>November 20, 1870</u>		9. AGE (In years last birthday) <u>78</u>		10. MONTHS <u>2</u>		11. DAYS <u>19</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Allendale Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Ashby Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Hunt</u>		14. NAME OF HUSBAND OR WIFE <u>Albert Stabe</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Glee Stabe Grant City, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic interstitial Hepatitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture left foot</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> <u>50 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>				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.) <u>street</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Grant City, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>1</u> <u>1949</u>		21e. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? <u>574X</u>			
22. I hereby certify that I attended the deceased from <u>June 2, 1948</u> , to <u>2-9, 1949</u> , that I last saw the deceased alive on <u>2-8, 1949</u> , and that death occurred at <u>8 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. Hall</u>		23b. ADDRESS <u>Grant City, Mo.</u>		23c. DATE SIGNED <u>2-10-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>2-11-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fletcher Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Grant City, Mo.</u>	
DATE RECD BY LOCAL REG. <u>Feb. 13, 1949</u>		REGISTRAR'S SIGNATURE <u>John E. Dawson</u>		345		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Arch C. Dangle Grant City, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

Arch C. Duffee

Signed.....

Student Embalmer

Licensed Embalmer No. *3252*

P. O. Address, *Grant 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.