

No. 300
10-48

FILED APR 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14683

BIRTH NO. _____ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 6269 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY Webster		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Webster	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Ozark township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) Ozark township	
d. FULL NAME OF HOSPITAL OR INSTITUTION X			

3. NAME OF DECEASED (Type or Print) a. (First) Isaac b. (Middle) - Henry c. (Last) - Stovall			4. DATE OF DEATH (Month) (Day) (Year) Apr. 4-'49		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb.-12-1870	9. AGE (In years last birthday) 79	10 UNDER 1 YEAR Months	11 OVER 1 YEAR Days	12 OVER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Allen County, Kentucky	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Thomas Stovall	13b. MOTHER'S MAIDEN NAME Nancy Johnson	14. NAME OF HUSBAND OR WIFE Sadie Stovall
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Mrs. Dave Thomas-Marshfield, Mo.	ADDRESS Marshfield, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Rectum		INTERVAL BETWEEN ONSET AND DEATH Unknown
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) also advanced arteriosclerosis		
	DUE TO (c) Senile dementia 1547		
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 <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) m. -	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 12-5, 1948, to 4-3-49, 19, that I last saw the deceased alive on 4-2-49, 19, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert H. Beers M.D. (U)	23b. ADDRESS Marshfield, Mo.	23c. DATE SIGNED 4-5-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-6-49	24c. NAME OF CEMETERY OR CREMATORY Mission Home	24d. LOCATION (City, town, or county) (State) Marshfield-Missouri
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DATE REC'D BY LOCAL REG. 4-13-49	REGISTRAR'S SIGNATURE J. Francis 392	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. Francis 392 Marshfield, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6;

District File Number 449-475

Date Filed 4-19-49

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.

Signed _____
Student Embalmer

Signed

Alex Rainey

Licensed Embalmer No.

13312

P. O. Address

Marshfield, 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.