S. No. 300
v. 10.48

FILED MAY 25 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

16440

State File No. 5-49-62

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. ~~3033~~ 5630 Registrar's No. 77

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0

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

1. PLACE OF DEATH
a. COUNTY: LACLEDE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL 3
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): 3 MILES SOUTH OF LEBANON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: CAMDEN 15
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): STOUTLAND 0
d. STREET ADDRESS (If rural, give location): GENERAL DELIVERY 1

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): ANN
c. (Last): STAMBACK

4. DATE OF DEATH (Month) (Day) (Year): MAY 17 1949

5. SEX: F 1
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: JAN 30 1934
9. AGE (In years last birthday): 15 — IF UNDER 1 YEAR: Months 3 Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MO 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: GEORGE STAMBACK
13b. MOTHER'S MAIDEN NAME: EVA F MARSHALL
14. NAME OF HUSBAND OR WIFE:

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.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: George Stamback Stoutland

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.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Fractured skull L side	
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Broken Lt Humerus	11
DUE TO (c)		53
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.		52

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

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 3 Miles N Hartville
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lebanon Laclede Mo 53
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): MAY 17 1949 6 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: auto accident [illegible]

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Richard T. Palmer Coroner
23b. ADDRESS: Lebanon Mo
23c. DATE SIGNED: 5/17/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 5/19/49
24c. NAME OF CEMETERY OR CREMATORY: STOUTLAND CEMETERY
24d. LOCATION (City, town, or county) (State): STOUTLAND MO

DATE REC'D BY LOCAL REG.: May 17-1949
REGISTRAR'S SIGNATURE: Della L. Day 424
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Virgil Evans Stoutland

(Licensed Embalmer's Statement on Reverse Side)

Received MAY 2 1 1949
Laclede County Health Unit
File No. 5-89-62
Date Filed MAY 2 3 1949

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 _____

Not Embalmed

Signed _____
Student Embalmer

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.