

FILED JUN 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20135

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>175</u>		PRIMARY REG. DIST. NO. <u>4275</u>		Registrar's No. <u>60</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Lawrence		a. STATE Missouri		b. COUNTY Lawrence		c. COUNTY 55	
b. CITY (If outside corporate limits, write RURAL and give township) Marionville		c. LENGTH OF STAY (in this place) 24yrs		c. CITY (If outside corporate limits, write RURAL and give township) Marionville		2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Methodist Home For Aged				d. STREET ADDRESS (If rural, give location) Methodist Home For The Aged			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) Annette	b. (Middle) Warren	c. (Last) Stainbrook	(Month) Jun	(Day) 6	(Year) 1949	Female	6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 8 1858	9. AGE (in years last birthday) 90	IF UNDER 1 YEAR 5	IF UNDER 1 DAY 29	IF UNDER 24 HRS. Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Cleveland Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Sherman M Warren		13b. MOTHER'S MAIDEN NAME Elizabeth Herrick	
14. NAME OF HUSBAND OR WIFE Theodore Stainbrook		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. none		17. INFORMANT'S SIGNATURE OR NAME Dr W.M. Tisdale	
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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis		DUE TO (b) Arterio-sclerosis				Years years	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause* (a) stating the underlying cause last.		DUE TO (c)				years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						4221	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)		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>Jan</u> , 19 <u>49</u> to <u>June</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>June 7, 1949</u> , and that death occurred at <u>11.50m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) A. P. Crockett M.D.				23b. ADDRESS Marionville Mo		23c. DATE SIGNED June 7 1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jun 9/49	24c. NAME OF CEMETERY OR CREMATORY Humansville Cemetery		24d. LOCATION (City, town, or county) (State) Humansville Mo		
DATE REC'D BY LOCAL REG. June 9-49		REGISTRAR'S SIGNATURE Osa Mc Natt		25. FUNERAL DIRECTOR'S SIGNATURE J. B. Surridge		ADDRESS Marionville Mo.	

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

RECEIVED

District Health Officer No. 6,

District File Number 649-685-

Date Filed 6-14-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Herman Surrid

Licensed Embalmer No. 3072

P. O. Address Marionville

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.