

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20702

FILED JUL 1. 1949

BIRTH NO. 30273-49 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6073 Registrar's No. 218

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

1. PLACE OF DEATH a. COUNTY <i>St. Francois</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>St. Francois</i>		
b. CITY OR TOWN <i>Rural Perry Twp</i>		c. LENGTH OF STAY (in this place) <i>1</i>	c. CITY OR TOWN <i>Rural Perry Twp</i>		94
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>R. 2. Bonne Terre Mo</i>			d. STREET ADDRESS (If rural, give location) <i>R. 2 Bonne Terre Mo</i>		

3. NAME OF DECEASED a. (First) <i>STEPHEN</i> b. (Middle) <i>MONROE</i> c. (Last) <i>STINNETT</i>			4. DATE OF DEATH Month <i>June</i> Day <i>22</i> Year <i>1949</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>May 5, 1949</i>		9. AGE (In years last birthday) Months <i>6</i> Days <i>17</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>		11. BIRTHPLACE (State or foreign country) <i>Bonne Terre Mo</i>	
12. CITIZENSHIP OF WHAT COUNTRY? <i>U.S.A.</i>					

13a. FATHER'S NAME <i>Pearl Stinnett</i>		13b. MOTHER'S MAIDEN NAME <i>Kennie Henrich</i>		14. NAME OF HUSBAND OR WIFE <i>none</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i> (If yes, give war or dates of service) <i>none</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Pearl Stinnett</i> ADDRESS <i>R 2 Bonne Terre Mo</i>	

18. CAUSE OF DEATH Enter only one cause per line (a), (b), and (c) <i>Myocardial infarction</i>		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial infarction</i>				INTERVAL BETWEEN ONSET AND DEATH	
<p><i>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></p>		ANTECEDENT CAUSES				<i>5 1/2</i>	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____ DUE TO (c) _____					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min)		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 *June 14, 1949*, to *June 22, 1949*, that I last saw the deceased alive on *June 21, 1949*, and that death occurred at *12:45 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>R. M. Mavity</i> (Deputy or title) <i>D.D.</i>		23b. ADDRESS <i>Bonne Terre Mo</i>		23c. DATE SIGNED <i>6/23/49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>June 23, 1949</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Greeter</i>	
24d. LOCATION (City, town, or county) (State) <i>Valley Mines Mo</i>					

DATE REC'D BY LOCAL REG. <i>June 24, 1949</i>		REGISTRAR'S SIGNATURE <i>Ether Rudloff</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Benham</i> ADDRESS <i>Bonne Terre Mo</i>	
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REIVED 6-27-49

Health Officer No. 4  
File Number 649-85  
Date Filed

STATEMENT BY LICENSED EMBALMER

*M. 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

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.