

FILED SEP 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30852

State File No.

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BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4256 Registrar's No. 31

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| 1. PLACE OF DEATH a. COUNTY <u>Johnson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>County</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Holden</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>No. Lexington St.,</u> | |
| c. LENGTH OF STAY (in this place) <u>7 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>Holden, Missouri.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No. Lexington St.,</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Adrian</u> b. (Middle) <u>Leonidas</u> c. (Last) <u>Stout</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 5, 1949</u> |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Sept 10, 1868</u> |
| 9. AGE (In years less birthday) <u>80</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u> | 11. BIRTHPLACE (State or foreign country) <u>Johnson County, Missouri</u> |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY <u>farmer</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Jacob Stout</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sarah Ann Doyle</u> | 14. NAME OF HUSBAND OR WIFE <u>Emma Anna Stout</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>XXXX</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Eugene Stout, Latour, Missouri</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 Myocarditis</u> | | INTERVAL BETWEEN ONSET AND DEATH: <u>1221</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>Gen Arteriosclerosis</u> | | | |
| 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) <u>none</u> | | 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>Aug 1, 1948</u> , to <u>Sept 5, 1949</u> , that I last saw the deceased alive on <u>Sept 4, 1949</u> , and that death occurred at <u>9:30 P m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Kelly Rawlins M.D.</u> | | 23b. ADDRESS <u>Holden Mo</u> | |
| 23c. DATE SIGNED <u>9/7/49</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>Sept 8, 1949</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Holden Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Holden, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>Sept 16, 1949</u> | | REGISTRAR'S SIGNATURE <u>Mrs H V Redford</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Canaday & Ropp</u> | | ADDRESS <u>Holden, Missouri</u> | |

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

SEP 19 1949

RECEIVED
SEP 19 1949
RECEIVED

JOHNSON COUNTY HEALTH DEPT.

Btr. 03-100

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 _____

Licensed Embalmer No. 24295

P. O. Address Halden, 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.