

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **35600**
8822

FILED OCT 27 1949

318

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE HAWAII b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION MISSOURI BAPTIST HOSPITAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HONOLULU	
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) WHITE c. (Last) STAINBACK.		4. DATE OF DEATH (Month) (Day) (Year) Oct. 11, 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 19, 1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 57 IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Mins.
11. BIRTHPLACE (State or foreign country) Buffalo, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Nathaniel Maddaux White;		13b. MOTHER'S MAIDEN NAME Nancy Bone.	
14. NAME OF HUSBAND OR WIFE Ingram M. Stainback.		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 ADDRESS Gov. I. M. Stainback; Honolulu, Hawaii.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tumor of Brain Neoplasm ANTECEDENT CAUSES Morbidity 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Tumor of Pituitary Gland.	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 5th St. Honolulu Hawaii	
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? 193X		22. I hereby certify that I attended the deceased from Oct 7, 1949 , to Oct. 11, 1949 , that I last saw the deceased alive on _____, 19____, and that death occurred at 11:55 P.M. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) D. M. Klumpp		23b. ADDRESS 4952 Maryland Ave.	
23c. DATE SIGNED 10/13/49		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE 10/14/1949		24c. NAME OF CEMETERY OR CREMATORY Port of Debarcation	
24d. LOCATION (City, town, or county) (State) San Francisco, California.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd;	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE OCT 13 1949 J. B. Lasater		51. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd;	

(Licensed Embalmer's Statement on Reverse Side)

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

JMD 11
12-21

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 Arnold W. Schoene

Signed _____

Student Embalmer

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.