

FILED NOV 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38134

State File No. ....

BIRTH NO. .... REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 5852 Registrar's No. 275

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Ravenwood - rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ravenwood - rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Family home - 1 mi. So.</u>		d. STREET ADDRESS (If rural, give location) <u>1 mile south</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>THEODORE</u> b. (Middle) <u>A.</u> c. (Last) <u>STINGLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 21 49</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		8. DATE OF BIRTH <u>not known 1874</u>	
				9. AGE (In years last birthday) <u>75</u>	
				11. BIRTHPLACE (State or foreign country) <u>Andrew County, Mo</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>George R. Stingley</u>		13b. MOTHER'S MAIDEN NAME <u>Evelyn Yarnell</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Amarynth Stingley, Ravenwood,</u>	
				ADDRESS <u>Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</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>4201</u>	
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)	
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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?	
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22. I hereby certify that I attended the deceased from 11-20, 1949, to Nov. 21, 1949, that I last saw the deceased alive on Nov 21, 1949, and that death occurred at 11 P. m., from the causes and on the date stated above.

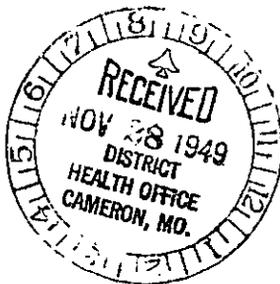
23a. SIGNATURE (Degree or title) <u>B. G. Gardner D. O.</u>		23b. ADDRESS <u>Maryville, Missouri</u>		23c. DATE SIGNED <u>11-23-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>11/25/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u>		24d. LOCATION (City, town, or county) (State) <u>Ravenwood, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>11-26-49</u>		REGISTRAR'S SIGNATURE <u>Kess Holt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Price Funeral Home</u>		ADDRESS <u>Maryville, Mo.</u>	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

OCT 8 1952



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 \_\_\_\_\_

ROBERT L. SOUTER

Student Embalmer No. 309

working under my personal supervision

Student

Robert L. Souter

Student Embalmer

Signed

Clayton M. Price

Licensed Embalmer No. 1822

P. O. Address Marionville, 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.