

FILED DEC 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42137

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 300 PRIMARY REG. DIST. NO. 629 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Reynolds</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Reynolds</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>Jagon Creek</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Henry</u>	b. (Middle) <u>EDWARD</u>	c. (Last) <u>STOUT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-7-49</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>3-3-1878</u>	9. AGE (In years last birthday) <u>71</u>	if UNDER 1 YEAR Months <u>9</u>	if UNDER 1 YEAR Days <u>4</u>	if UNDER 1 HRS. Hours <u></u>	if UNDER 1 HRS. Min. <u></u>
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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>	11. BIRTHPLACE (State or foreign country) <u>Centerville Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Thomas Stout</u>	13b. MOTHER'S MAIDEN NAME <u>MARGARET Beckinridge</u>	14. NAME OF HUSBAND OR WIFE <u>CORA</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Arnie Stout</u>	ADDRESS <u>El. Mo</u>
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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) <u>Myocarditis</u>		<u>Jan 49</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Arthritis</u>		<u>1948</u>
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Virginia Pectoris</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) <u>7220</u>
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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 1948, 10, to Dec 7, 1949, that I last saw the deceased alive on Dec 7, 1949, and that death occurred at 11:30A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>A. H. Bugg</u> (Degree or title) <u>N.M.D.</u>	23b. ADDRESS <u>Elkington, Mo.</u>	23c. DATE SIGNED <u>12-8-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12-8-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Morris Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Reynolds Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12/8/49</u>	REGISTRAR'S SIGNATURE <u>Essie Evans</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Phil A. Leuchel</u>	ADDRESS <u>El. Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 12/12/49
District Health Officer No. 5,
District File Number 1249783
Date Filed 12/17/49

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 12-7-

Student Embalmer No.

working under my personal supervision. . .

Student
Student Embalmer

Signed

Phil A Leuchel

Licensed Embalmer No. 2936

P. O. Address Van Buren Fr

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.