

No. 300
10.48

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 307

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 2

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| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 6043 Meade St. (home) | | d. STREET ADDRESS (If rural, give location) 6043 Meade St. | |

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|-------------------------------------|------------------|-------------|--------------------|---------------------------------------|----------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) FLORA | b. (Middle) | c. (Last) STOUFFER | 4. DATE OF DEATH (Month) (Day) (Year) | 1 1 1950 |
|-------------------------------------|------------------|-------------|--------------------|---------------------------------------|----------|

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|---------------|------------------------|--|----------------------------|------------------------------------|------------------------|----------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 8-25-1894 | 9. AGE (In years last birthday) 55 | IF UNDER 1 YEAR Months | IF UNDER 2 HRS. Hours Min. |
|---------------|------------------------|--|----------------------------|------------------------------------|------------------------|----------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (State or foreign country) Lusk, Wyoming | 12. CITIZEN OF WHAT COUNTRY? USA |
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|-----------------------------------|--------------------------------------|---|
| 13a. FATHER'S NAME Ballard Brooks | 13b. MOTHER'S MAIDEN NAME Mary Smith | 14. NAME OF HUSBAND OR WIFE W.E. Stouffer |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Dean, 6043 Meade St., City | ADDRESS |
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sclerosis of liver with ascites. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Chronic myocarditis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | INTERVAL BETWEEN ONSET AND DEATH over 3 yrs. over 3 yrs. 4221 |
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| | | |
|------------------------|---------------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION none | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK 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 3-29, 19 47, to 1-1, 19 50, that I last saw the deceased alive on 1-1, 19 50, and that death occurred at 11:15 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <i>Clifton Smith M.D.</i> | 23b. ADDRESS 218 No. 7th St. Joseph Mo. | 23c. DATE SIGNED 1-4-1950 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 1-4-1950 | 24c. NAME OF CEMETERY OR CREMATORY Home Cemetery | 24d. LOCATION (City, town, or county) (State) Tarkio, Missouri |
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|--------------------------------------|--|---|-------------------------|
| DATE REC'D BY LOCAL REG. Jan 7, 1950 | REGISTRAR'S SIGNATURE <i>E. G. Jenkins</i> 382 | FUNERAL DIRECTOR'S SIGNATURE <i>John Puff</i> | ADDRESS St. Joseph, Mo. |
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 7 1950

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 _____

Alvin C. Bazar

Student Embalmer No. *342*

working under my personal supervision.

Student *Alvin C. Bazar*
Student Embalmer

Signed *John E. Rupp*

Licensed Embalmer No. *3986*

P. O. Address *St Joseph, 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.