

FILED MAR 29 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 9528

BIRTH NO. _____ REG. DIST. NO. 182 PRIMARY REG. DIST. NO. 5686 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY LINN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY LINN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LINNEUS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bucklin	
d. FULL NAME OF HOSPITAL OR INSTITUTION Linn Co. Infirmary		d. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) - c. (Last) STINSON		4. DATE OF DEATH (Month) (Day) (Year) Mar. 16, 1950	
5. SEX 7-M.	6. COLOR OF RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 7, 1871
9. AGE (In years last birthday) 78	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	11. BIRTHPLACE (State or foreign country) Harrisburg, Penn.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10b. KIND OF BUSINESS OR INDUSTRY Housekeeping	13a. FATHER'S NAME Joseph McCallan	13b. MOTHER'S M maiden name Barbara Bender	14. NAME OF HUSBAND OR WIFE -
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME Mauda W. Wicker, Bucklin	
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) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 2 wks ANTECEDENT CAUSES General arteriosclerosis 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 Subacute Bronchitis Conditions contributing to the death but not related to the disease or condition causing death. 5 dy	
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)	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 March, 1938 , to Mar. 14, 1950 , that I last saw the deceased alive on Mar 14, 1950 , and that death occurred at 11:30 P. M. , from the causes and on the date stated above.			
23a. SIGNATURE R. P. Haley, M.D. (Degree or title)		23b. ADDRESS Brookfield Mo	23c. DATE SIGNED 3/17/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried	24b. DATE Mar. 18, 1950	24c. NAME OF CEMETERY OR CREMATORY Masonic Cem.	24d. LOCATION (City, town, or county) (State) Bucklin Mo.
DATE REC'D BY LOCAL REG. Mar 27, 1950	REGISTRAR'S SIGNATURE Mrs. Boudie Keeler	25. FUNERAL DIRECTOR'S SIGNATURE 165 Larson Funeral Service	ADDRESS Bucklin, Mo.

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



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..... *C. A. Larson*.....

Licensed Embalmer No. *4037*.....

P. O. Address *Bucklin 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.