

0.300
0.48

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9874

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 5945 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. James - Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston	
c. LENGTH OF STAY (in this place) 4 weeks		d. STREET ADDRESS (If rural, give location) Mitchell Hotel--W. Commercial St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ferndale Nursing Home			

3. NAME OF DECEASED (Type or Print) Mary			4. DATE OF DEATH (Month) (Day) (Year) February 24, 1950		
a. (First) Mary			b. (Middle) none		
c. (Last) Stinebraker			5. SEX Female		
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 19, 1872	
9. AGE (In years last birthday) 77		10. MONTHS 6		11. DAYS 5	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Evansville, Indiana	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Joseph Isaacs			
13b. MOTHER'S MAIDEN NAME Elizabeth Isaacs		14. NAME OF HUSBAND OR WIFE William Stinebraker (dec'd)			

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 James F. Brown	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. MEDICAL CERTIFICATION		20. INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute nephritis		DUE TO (b) Anemia		3 weeks	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Pleurisy - 2 days		5 days	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		(Supplementary report)		2 months	

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 Jan 29, 1, 1950, to February 24, 1950, that I last saw the deceased alive on Feb 21, 1, 1950, and that death occurred at 11:45A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. W. Amisler, M.D.		23b. ADDRESS St. James, Missouri		23c. DATE SIGNED 2/25/50	
--	--	----------------------------------	--	--------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal & Burial		24b. DATE Feb. 25, 1950		24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	
24d. LOCATION (City, town, or county) (State) Charleston, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE		26. ADDRESS THE NUMBER 7 FUNERAL CHAPEL, Charleston, Mo	
DATE REC'D BY LOCAL REG. Mar 11, 50		REGISTRAR'S SIGNATURE Cora C. Birmingham		753	

(Licensed Embalmer's Signature on Reverse Side)

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

16

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed 3-16-50

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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *Orval E. Licklider*

Licensed Embalmer No. *3546*

P. O. Address *27 James M*

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.