

FILED APR 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15744

State File No.

BIRTH NO. _____ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 6269 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Webster - Ozark Co. S.
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshfield, Mo. R-3
c. LENGTH OF STAY (in this place) 175 years
d. FULL NAME OF HOSPITAL OR INSTITUTION None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Webster
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshfield R#3, Mo. 2 miles
d. STREET ADDRESS (If rural, give location) East of Marshfield, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First) MARY
b. (Middle) SOPHIA
c. (Last) STOUT
4. DATE OF DEATH (Month) (Day) (Year) April 7, 1950

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Dec. 30, 1859
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min. 90

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thomas Doren
13b. MOTHER'S MAIDEN NAME Rachel Maitlen
14. NAME OF HUSBAND OR WIFE William Stout - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. William Day Conway R-2 Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Failure
ANTECEDENT CAUSES
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c) unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Recurrent pancreatitis?

19a. DATE OF OPERATION _____
19b. MAJOR FINDINGS OF OPERATION _____
20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO
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) (Minute) _____
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK _____
21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Jan 5, 1950, to Mar. 28, 1950, that I last saw the deceased alive on MAR 28, 1950, and that death occurred at 9:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Morton E. Linton M.D.
23b. ADDRESS Marshfield, Mo
23c. DATE SIGNED April 11, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-10-50
24c. NAME OF CEMETERY OR CREMATORY Haymes Chapel
24d. LOCATION (City, town, or county) (State) Webster County, Mo.

DATE REC'D BY LOCAL REG. 4/15/50
REGISTRAR'S SIGNATURE J. J. Finner 392
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arthur Bruce Marshfield, Mo

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

120

RECORDED APR 17 1950
Health Office No. 6,
District File Number 450-45
Date Filed 4-17-50

APR 17 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 _____

working under my personal supervision.

Student Embalmer No.

Signed Arthur Bruce

Signed.....
Student Embalmer

Licensed Embalmer No. 4723

P. O. Address Marshfield, 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.