

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17388

State File No.

0540

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

BIRTH NO. _____ REG. DIST. NO. 182 PRIMARY REG. DIST. NO. 5679 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>LINN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>LINN</u>	
b. CITY (If outside corporate limits, write RURAL and give township OR TOWN <u>New Boston</u> ^{Washburn} _{Ship})		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Boston</u> ^{Washburn} _{Ship}	
c. LENGTH OF STAY (in this place) <u>30 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Route 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		3. NAME OF DECEASED a. (First) <u>EMERSON</u> b. (Middle) <u>L.</u> c. (Last) <u>Stufflebean</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 29, 1950</u>		5. SEX <u>Male</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Dec. 17, 1919</u>		9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>30 5 12</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>	
11. BIRTHPLACE (State or foreign country) <u>New Boston, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Sam Stufflebean</u>		13b. MOTHER'S M maiden NAME <u>Julia Barnes</u>	
13c. NAME OF HUSBAND OR WIFE <u>Eudema Stufflebean</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>493-18-2314</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Eudema Stufflebean</u>		ADDRESS <u>New Boston, Mo</u>	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ventricular Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Medulloblastoma</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>8-25-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Malignant Brain Tumor - Medulloblastoma</u>	
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 <u>July 20, 1949</u> , to <u>May 29, 1950</u> , that I last saw the deceased alive on <u>May 23, 1950</u> , and that death occurred at <u>7:45 Am.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>R. A. Dinwiddie</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Bucklin, Missouri</u>	
23c. DATE SIGNED <u>May 29, 1950</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	
24b. DATE <u>May 31, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walter Chapel Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>New Boston, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Larson Funeral Service</u>	
DATE REC'D BY LOCAL REG. <u>May 29, 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. Rudi Kelley</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Larson Funeral Service</u>		ADDRESS <u>Bucklin, Mo</u>	

(Licensed Emballmer's Statement on Reverse Side)



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
cc

Signed E. 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.