

FILED JUL 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25817

BIRTH NO. _____		REG. DIST. NO. <u>347</u>		PRIMARY REG. DIST. NO. <u>6162</u>		Registrar's No. <u>42</u>	
1. PLACE OF DEATH a. COUNTY <u>STONE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>STONE</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Ruth Sp. Rural</u>		c. LENGTH OF STAY (In this place) <u>1040</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ruth Sp. Rural</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				4. DATE OF DEATH (Month) (Day) (Year) <u>June 30 1950</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HETTIE</u>		b. (Middle) <u>JANE</u>		c. (Last) <u>Stults</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 30 1950</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>June 13 1866</u>	
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months <u>17</u> Days _____		IF UNDER 2 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>Mo</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Funeral Director</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOEL GARGER</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHAC MCGEE</u>		14. NAME OF HUSBAND OR WIFE <u>BEN STULTS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Jess Stults</u> ADDRESS <u>Reeds Spring 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of bowels</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Don't know</u> DUE TO (c) <u>Don't know</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>				153X	
19a. DATE OF OPERATION <u>None</u>		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) (Min.) _____		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>Mar</u> , 19 <u>50</u> , to <u>June</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>6/30</u> , 19 <u>50</u> , and that death occurred at <u>5:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H.S. Schumate</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Reeds Spring Mo</u>		23c. DATE SIGNED <u>6/30/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rural</u>		24b. DATE <u>July 5/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Eisenhauer</u>		24d. LOCATION (City, town, or county) (State) <u>Halena Mo R-2</u>	
DATE REC'D BY LOCAL REG. <u>July 1-50</u>		REGISTRAR'S SIGNATURE <u>Lena Murray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Everett Cheatham</u> ADDRESS <u>Halena Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48040
1

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED JUL 14 1950

Dist. File 750-806

Date Filed 7-15-50

JUL 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Everett J. Cheatham

Signed _____
Student Embalmer

Licensed Embalmer No. 3870

P. O. Address Galena 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.