

THE DIVISION OF HEALTH OF MISSOURI
FILED SEP 7 1950 STANDARD CERTIFICATE OF DEATH

25994

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 300 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Butler</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Butler</u>	
c. LENGTH OF STAY (In this place) <u>Days</u>		0071	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>200 S. Main</u>		d. STREET ADDRESS (If rural, give location) <u>200 S. Main</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Wesley</u> c. (Last) <u>Stubblefield</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-30-1950</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 8, 1871</u>	9. AGE (In years last birthday) <u>78</u>	# UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Robert Stubblefield</u>	13b. MOTHER'S MAIDEN NAME <u>Clara Dobson</u>	14. NAME OF HUSBAND OR WIFE <u>Julia Stubblefield</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. John Exline</u> ADDRESS <u>Navajo 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2.1 days</u> <u>2.31X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular accident</u>		
	ANTECEDENT CAUSES Morbid 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 Conditions contributing to the death but not related to the disease or condition causing death. <u>Prostatitis</u>			

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) <u>8:30</u> <u>1950</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Apr: 20, 1950, to 176930, 1950, that I last saw the deceased alive on Aug 30, 1950, and that death occurred at 7:30 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank W. Lips</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Professional Bldg - Butler, Mo.</u>	23c. DATE SIGNED <u>8-31-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 1, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Warrensburg Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Warrensburg, Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John D Underwood</u> ADDRESS <u>Butler, Mo.</u>	DATE REC'D BY LOCAL REG. <u>Aug 31-1950</u>
REGISTRAR'S SIGNATURE <u>Nedall A. Kerney</u>	17	

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

00 days
1-7-1

RECEIVED 9-6-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-6-50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *Horace K. Hill*

Signed _____
Student Embalmer

Licensed Embalmer No. *7743*

P. O. Address *Butler, Missouri*

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.