

FILED APR 24 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

135333

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>215</u>		PRIMARY REG. DIST. NO. <u>3053</u>		Registrar's No. <u>58</u>	
1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>			
b. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <u>Rolla</u>		c. LENGTH OF STAY (to this place) <u>Rolla</u> <u>3 Weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bourbon</u>		<u>12 FD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McFarland Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>None</u>			
3. NAME OF DECEASED (Type or Print)			a. (First) <u>FREDERICK</u>	b. (Middle) <u>ALBERT</u>	c. (Last) <u>STEBBINS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 16, 1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb. 16, 1865</u>	
9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumber</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Plumbing</u>		11. BIRTHPLACE (State or foreign country) <u>Chesterfield, Mass</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Alvah Stebbins</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Ann Wells</u>		14. NAME OF HUSBAND OR WIFE <u>Grace Stebbins, Deceased</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Jesse Strayhorn, Bourbon, Mo.,</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pan carditis with effusion</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Jaw advanced arthritis - chronic</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u> <u>yes</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4500</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) (m.)		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>Apr 10, 1951</u> , to <u>Apr 16, 1951</u> , that I last saw the deceased alive on <u>Apr 14, 1951</u> , and that death occurred at <u>8:15 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>James M. Myers MD</u>				23b. ADDRESS <u>Rolla Mo</u>		23c. DATE SIGNED <u>Apr 19 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 18, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Webster Groves, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 19, 1951</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u> <u>280</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>B. L. V. Hill, Rolla Mo</u>			

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

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MAY 9 1951

RECEIVED

Phelps County Health Officer,

County File Number \_\_\_\_\_

Date Filed April 23, 1951

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 Paul E. Null

Signed.....  
Student Embalmer

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.