

FILED MAY 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15863

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 185

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Chaffee</u>	
c. LENGTH OF STAY (in this place) <u>6 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S.E. Mo Hospital</u>			
3. NAME OF DECEASED a. (First) <u>Milton</u>		b. (Middle) <u>Henry</u>	
c. (Last) <u>Stubblefield</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 9, 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 17 1864</u>
9. AGE (In years last birthday) <u>87</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Retired RR Dispatcher Frisco RR.</u>	
11. BIRTHPLACE (State or foreign country) <u>Centrowia Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>David Henry Stubblefield</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Johnson</u>	
14. NAME OF HUSBAND OR WIFE <u>Ohieanna Ingham Stubblefield</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>500-18-4544</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Henry Stubblefield</u>		ADDRESS <u>Arlington Va.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Dehydration</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>4221</u>	
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>3-28</u> , 19 <u>51</u> , to <u>5-9</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>5-7</u> , 19 <u>51</u> , and that death occurred at <u>9:45 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Paul B. Nischbaum M.D.</u>		23b. ADDRESS <u>1858 Broadway Cape Girardeau, Mo.</u>	
23c. DATE SIGNED <u>5-11-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-11-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-11-1951</u>		REGISTRAR'S SIGNATURE <u>to to</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>W. Bisplinghoff</u>		ADDRESS <u>Funeral Home Chaffee Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

164
0

AUG 17 1951

RECEIVED

MAY 14 1951

DISTRICT HEALTH OFFICE No. 6

File No.

MAY 16 1951

MAY 22 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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Mamie Buepleghoff

Licensed Embalmer No. 3242

P. O. Address Chappee 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.