

FILED MAY 29 1951

STANDARD CERTIFICATE OF DEATH

State File No. 19100

BIRTH MO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 3072		Registrar's No. 108	
1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		c. LENGTH OF STAY (in this place) 29 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		1972	
d. FULL NAME OF HOSPITAL OR INSTITUTION 36I West Yearby St.				d. STREET ADDRESS (If rural, give location) 36I West Yearby St.			
3. NAME OF DECEASED (Type or Print) a. (First) Ella May		b. (Middle) Stouffer		c. (Last) Clough		4. DATE OF DEATH (Month) (Day) (Year) May 23, 1951.	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 31, 1863	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 4	IF UNDER 24 HRS. Days 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Saline County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John T. Stouffer		13b. MOTHER'S MAIDEN NAME Elizabeth J. Adkisson		14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Roy Clough, Marshall, Mo. Route # I			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CAPCINOMA STOMACH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 4 Mos	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 151X				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 May 1 , 1951, to May 23 , 1951, that I last saw the deceased alive on May 22, 1951 and that death occurred at 1-25A m., from the causes and on the date stated above.							
23a. SIGNATURE [Signature] (Degree or title)				23b. ADDRESS Marshall Mo		23c. DATE SIGNED 5/23/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 25, 1951	24c. NAME OF CEMETERY OR CREMATORY Ridge Park cemetery		24d. LOCATION (City, town, or county) (State) Marshall, Missouri		
DATE REC'D BY LOCAL REG. May 23-1951		REGISTRAR'S SIGNATURE Didney F Gray		25. FUNERAL DIRECTOR'S SIGNATURE 385 CAMPBELL-LEWIS, MARSHALL-MO. ADDRESS			

(Licensee Embalmer's Statement on Reverse Side)

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

RECEIVED 5-28-51

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed 5-28-51

NOV 30 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, James H. Lewis

working under my personal supervision.

Student Embalmer No.

Signed

James H. Lewis

Signed.....
Student Embalmer

Licensed Embalmer No. 4709

P. O. Address Marshall, Md.

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.