

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22764

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 539A

396

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

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>mo.</i> b. COUNTY <i>Ozark</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Springfield</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Ava, (Rural)</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <i>Burge Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>1701 1/2, South of Ava,</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>CLYDE</i> b. (Middle) <i>GEORGE</i> c. (Last) <i>STINSON</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>6-16-51</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>10-17-1888</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>farmer</i>	9. AGE (in years last birthday) <i>62</i>
11. BIRTHPLACE (State or foreign country) <i>Benton Kansas</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	

13a. FATHER'S NAME <i>Unknown</i>	13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	14. NAME OF WIFE OR WIFE <i>Gertrude Stinson</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>yes before World War I</i>	16. SOCIAL SECURITY NO. <i>539-05-9323</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Gertrude Stinson</i> ADDRESS <i>Ava, mo.</i>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>auricular fibrillation</i>		INTERVAL BETWEEN ONSET AND DEATH <i>24 hrs</i>
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	DUE TO (b) <i>Cardiac decompensation</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

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) <i>4/343</i>

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
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22. I hereby certify that I attended the deceased from *6-14-1951* to *6-16-1951*, that I last saw the deceased alive on *6-16-1951*, and that death occurred at *9:30A* m., from the causes and on the date stated above.

23a. SIGNATURE <i>M.H. Kuntz</i> (Degree or title) <i>M.D.</i>	23b. ADDRESS <i>Med Arts Bldg Springfield Mo</i>	23c. DATE SIGNED <i>7-1-51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial U</i>	24b. DATE <i>6-21-51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Thornfield</i>	24d. LOCATION (City, town, or county) (State) <i>Thornfield, Missouri</i>
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DATE REC'D BY LOCAL REG. <i>7-9-51</i>	REGISTRAR'S SIGNATURE <i>W.E. Landley</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Chinkingbeard</i> ADDRESS <i>Funeral Home, Ava, Mo.</i>
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(Licenses Embalmer's Statement on Reverse Side)

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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Ava, 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.