

FILED AUG 21 1951

STANDARD CERTIFICATE OF DEATH

State File No. 27891

BIRTH NO.		REG. DIST. NO. 2020		PRIMARY REG. DIST. NO. 4924		Registrar's No. 103	
1. PLACE OF DEATH a. COUNTY <i>Polk</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Polk</i>			
b. CITY (If outside corporate limits, write RURAL and give township) <i>Hemansville</i>		c. LENGTH OF STAY (If this place) <i>9 hrs</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Dunnegan Campbell</i>		d. STREET ADDRESS (If rural, give location) <i>1/2 mi. N.W. of Dunnegan</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Demonitt Hospital</i>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Sterling</i> b. (Middle) <i>Price</i> c. (Last) <i>Stovall</i>			4. DATE OF DEATH (Month) <i>Aug</i> (Day) <i>2</i> (Year) <i>1951</i>				
5. SEX <i>Male</i>		6. COLOR OR RACE <i>wh</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <i>Widowed</i>		8. DATE OF BIRTH <i>Sept 3 1863</i>	
9. AGE (In years last birthday) <i>87</i>		10. MONTHS <i>15</i>		11. DAYS <i>30</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</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>Retired Farm Work</i>		11. BIRTHPLACE (State or foreign country) <i>Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>David Stovall</i>		13b. MOTHER'S MATHEN NAME <i>Mary Carpenter</i>		13c. NAME OF HUSBAND OR WIFE <i>Serena Stovall</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE, OR NAME AND ADDRESS <i>Mrs. Fay Wright Dunnegan</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerotic heart disease</i> ANTECEDENT CAUSES Morbidity 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. <i>Prostatic hyperplasia</i>					
19a. DATE OF OPERATION <i>None</i>		19b. MAJOR FINDINGS OF OPERATION <i>None</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>None</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Hemansville Polk Mo.</i>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <i>no injury</i>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>no injury occurred</i>					
22. I hereby certify that I attended the deceased from <i>Aug 2, 1951</i> , to <i>Aug 2, 1951</i> , that I last saw the deceased alive on <i>Aug 2, 1951</i> , and that death occurred at <i>9:15 P.M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Ralph McQuitt, M.D.</i>				23b. ADDRESS <i>Hemansville, Mo.</i>		23c. DATE SIGNED <i>Aug 6 1951</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Aug 5 1951</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Dunnegan Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Dunnegan Mo.</i>	
DATE REC'D BY LOCAL REG. <i>Aug 9, 1951</i>		REGISTRAR'S SIGNATURE <i>Ralph McQuitt</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Ernest Green and Blue Galvan</i>		ADDRESS <i>Mo.</i>	

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

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED

AUG 16 1951

Dist. File 831-1499

Date Filed 8-17-51

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

Chas Jester

Licensed Embalmer No. 4154

P. O. Address Bolivar, 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.