

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36377

FILED DEC 4 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 4048 Registrar's No. 308

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY OR TOWN <u>Rockport</u>		c. CITY OR TOWN <u>Rockport</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u>		b. (Middle) _____ c. (Last) <u>STEMMONS</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 26<sup>th</sup> 1951</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>July 16<sup>th</sup> 1868</u>
9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Reuben Stemmons</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Emma Stemmons</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Frank Stemmons</u>		ADDRESS <u>Franklin Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident</u>  ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive Cardiovascular disease</u>  DUE TO (c) <u>none</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>			
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>—</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>443X</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>natural</u>		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) <u>—</u>	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Rockport Boone Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>—</u>			
22. I hereby certify that I attended the deceased from <u>Nov 17, 1951</u> to <u>Nov 24, 1951</u> , that I last saw the deceased alive on <u>Nov 24, 1951</u> , and that death occurred at <u>12 noon</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Wm. J. Shaw, Jr. M.D.</u>		23b. ADDRESS <u>Lee Hospital Fayette, Mo</u>	
23c. DATE SIGNED <u>11-27-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>		24b. DATE <u>11-28-1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Heldale</u>		24d. LOCATION (City, town, or county) (State) <u>Howard Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 27 1951</u>		REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Stuart Parker</u>		ADDRESS <u>Columbia Mo.</u>	

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

22910 647

**RECEIVED** DEC 3 1951  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed DEC 3 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, ~~only~~ \_\_\_\_\_  
working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....  
Signed Stuart D. Parker  
Licensed Embalmer No. 2900  
P. O. Address Columbus, 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.