

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13249**
Registrar's No. **138**

FILED APR 17 1952

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence	
c. LENGTH OF STAY (in this place) 6 mo.		d. STREET ADDRESS (If rural, give location) 10209 E. 18th	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, 10209 E. 18th St.			

3. NAME OF DECEASED (Type or Print) a. (First) Mattie b. (Middle) E c. (Last) Stubblefield			4. DATE OF DEATH Month Mar. Day 31 , Year 1952	
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Feb. 28, 1858		9. AGE (in years last birthday) 94	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY self employed		11. BIRTHPLACE (City and State or Foreign Country) unknown Illinois		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME William Wood	13b. MOTHER'S MAIDEN NAME Lucinda Crooks	14. NAME OF HUSBAND OR WIFE John Stubblefield (deceased)	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Oscar Frans ADDRESS Independence, Mo.	
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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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease + ANTECEDENT CAUSES Pasovis Complication DUE TO (b) 7 lung- DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured hip			INTERVAL BETWEEN ONSET AND DEATH 2 weeks about 6 mos.
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200F	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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 **Feb 2, 1952**, to **Mar 31, 1952**, that I last saw the deceased alive on **Mar 29, 1952**, and that death occurred at **10:30P** m., from the causes and on the date stated above.

23a. SIGNATURE Chas. Hudson Jr. M.D. (Degree or title)	23b. ADDRESS Independence, Mo.	23c. DATE SIGNED 3-31-52
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24a. BURIAL, CREMATION REMOVAL (Specify) removal	24b. DATE 4/1/52	24c. NAME OF CEMETERY OR CREMATORY unknown	24d. LOCATION (City, town, or county) (State) Holden, Mo.
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DATE REC'D BY LOCAL REG. 4-1-52	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Geo. Carson ADDRESS Independence, Mo.	
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(Licensed Embalmers' Statements on Reverse Side)

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

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APR 27 1964

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

Richard R. Francis

Licensed Embalmer No. 4863

P. O. Address Indy, 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: