

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24096

State File No.

JUL 29 1952

350
1

W. England

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

BIRTH NO. _____		REG. DIST. NO. <u>102</u>		PRIMARY REG. DIST. NO. <u>5416</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>				
b. CITY OR TOWN <u>Arbyrd</u>		c. LENGTH OF STAY (in this place) <u>7 1/2</u> years		c. CITY OR TOWN <u>Arbyrd</u>		<u>03570</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Allie</u>			b. (Middle) <u>Nee</u>			c. (Last) <u>Stovall</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>June 8, 1952</u>								
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 11, 1876</u>		
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>27</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>Edward Sitzes</u>		13b. MOTHER'S MAIDEN NAME <u>Francis Sanders</u>		14. NAME OF HUSBAND OR WIFE <u>W.H. Stovall</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jack Stovall</u> ADDRESS <u>Popular Bluff, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> ANTECEDENT CAUSES. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>DUE TO (b)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pneumonia & nephritis</u>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>YES</u> <input type="checkbox"/> <u>NO</u> <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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>5-28</u> , 19 <u>52</u> , to <u>June 8</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>June 8</u> , 19 <u>52</u> , and that death occurred at <u>11:30 P.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>W. England M.D.</u> (Degree or title)				23b. ADDRESS <u>Cardwell, Mo</u>		23c. DATE SIGNED <u>6-14-52</u>		
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-11-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dula</u>		24d. LOCATION (City, town, or county) (State) <u>Senath, Mo</u>		
DATE REC'D BY LOCAL REG. <u>6/14/52</u>		REGISTRAR'S SIGNATURE <u>Hubert B Baird</u> <u>472</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Howard Funeral Service</u> ADDRESS				

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 6-25-52

COUNTY FILE NUMBER 652-164

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 Robert B. Baine

Licensed Embalmer No. 4888

P. O. Address Cadwell, 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.