No. 300
10.48

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

FILED AUG 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27002

BIRTH NO. _____ REG. DIST. NO. 376 PRIMARY REG. DIST. NO. 4560 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY: Wright 1140 4
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Norwood, Mo
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Millard Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Wright 1140
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Norwood, Mo. 0
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): E.
c. (Last): Stamp

4. DATE OF DEATH (Month) (Day) (Year): July 1-1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: June 1-1860
9. AGE (Last birthday): 92
IF UNDER 1 YEAR: Months 1 Days 0
IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): 0
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Not Known
13b. MOTHER'S MAIDEN NAME: Not Known
14. NAME OF HUSBAND OR WIFE: W. E. Stamp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: ___
17. INFORMANT'S SIGNATURE OR NAME: Mrs B. E. Millard
ADDRESS: Norwood, Mo

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): Cerebral Infarct — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid 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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 331x
20. AUTOPSY? YES ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5-15, 1950, *to* 7-1, 1952, *that I last saw the deceased alive on* 6-30, 1952, *and that death occurred at* 3:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Richard D. Neufeld
(Degree or title): DO
23b. ADDRESS: Mansfield, Mo
23c. DATE SIGNED: 7-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 07-5-52
24c. NAME OF CEMETERY OR CREMATORY: Green Mountain
24d. LOCATION (City, town, or county) (State): Green Mtn. Mo

DATE REC'D BY LOCAL REG.: 7-21-52
REGISTRAR'S SIGNATURE: Mrs A. R. Worsham
25. FUNERAL DIRECTOR'S SIGNATURE: Grable-Windle
ADDRESS: Mtn Grove Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUL 29 1952
WRIGHT CO. HEALTH DEPT.
County File Number 252-97
Date Filed 8-2-52

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 Frank Grable

Licensed Embalmer No. 4140

P. O. Address Inter Grove, Mn

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.