

# 20

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

REC'D OCT 14 1952

STANDARD CERTIFICATE OF DEATH

31152

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 5331 Registrar's No. 48

1. PLACE OF DEATH  
 a. COUNTY DALLAS  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TUNAS  
 c. LENGTH OF STAY (in this place) 2 days  
 d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE Missouri b. COUNTY Dallas  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tunas 0307  
 d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED  
 a. (First) ROBERT b. (Middle) W. c. (Last) STIDHAM  
 4. DATE OF DEATH (Month) (Day) (Year) 10-3-1952

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 8. DATE OF BIRTH 2-21-1907 9. AGE (In years last birthday) 45 IF UNDER 1 YEAR Months 7 Days 12 IF UNDER 24 HRS. Hours  Min.

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

13a. FATHER'S NAME Bertram Stidham 13b. MOTHER'S MAIDEN NAME Otta Barnhart 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME B.W. Stidham ADDRESS Tunas 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, asthma, etc. It means the disease, injury, or complication which caused death.  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Chronic myocarditis MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 2 year  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic fever  
 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 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) 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 April 25, 1950, to Oct 3, 1952, that I last saw the deceased alive on Oct 2, 1952, and that death occurred at 2 A m., from the causes and on the date stated above.

23a. SIGNATURE C. Bailey (Degree or title) Mo. 23b. ADDRESS Tunas Mo. 23c. DATE SIGNED Oct 7 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 10-5-1952 24c. NAME OF CEMETERY OR CREMATORY Hopewell 24d. LOCATION (City, town, or county) (State) Tunas Mo.

DATE REC'D BY LOCAL REG. Oct 10-5-52 REGISTRAR'S SIGNATURE W. P. ... 25. FUNERAL DIRECTOR'S SIGNATURE L. B. Jones ADDRESS Buffalo Mo.

OCT 27 1953  
JAN 22 1953

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 *Ronald G. Jones*

Licensed Embalmer No. 2508

P. O. Address Bayle, MS

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.