

MED OCT 1 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32691**

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>6075</u> Registrar's No. <u>294</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL <u>Farmington St. Francois</u>		c. LENGTH OF STAY (In this place) <u>25 1/2 M.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL <u>Overland</u>		<u>4234</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STATE HOSPITAL-NO 4</u>			d. STREET ADDRESS (If rural, give location) <u>9527 Emerson Avenue</u>		
3. NAME OF DECEASED (Type or Print)		a. (First) <u>VIRGINIA</u>	b. (Middle) <u>E.</u>	c. (Last) <u>Stout</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 17-1952</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT 12, 1893</u>	9. AGE (In years last birthday) <u>50</u>	If UNDER 1 YEAR: Month Day Hour Min. <u>17 5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>SALEM, ILL</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>W. O. JULLY</u>		13b. MOTHER'S MAIDEN NAME <u>BESSIE L. BROWN</u>		14. NAME OF HUSBAND OR WIFE <u>W. B. STOUT</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. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>IRMA L. HULTS CHICAGO</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 <u>ILL</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Abt. 1 yrs.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the cervix</u>			DUE TO (b) _____		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>Dementia praecox. Paranoid type.</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>171X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <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)		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>April 8, 1946</u> , to <u>Sept. 17, 1952</u> , that I last saw the deceased alive on <u>Sept. 17, 1952</u> , and that death occurred at <u>11:40 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>John C. Brennan, M.D.</u>			23b. ADDRESS <u>State Hospital No. 4 Farmington, Missouri</u>		23c. DATE SIGNED <u>9-24-1952</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-20-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PARKVIEW CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>NEAR FARMINGTON, MO.</u>
DATE REC'D BY LOCAL REG. <u>Sept. 24, 1952</u>		REGISTRAR'S SIGNATURE <u>Ethel Purdloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Raymond Caldwell Flat River, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *R. Caldwell*

Licensed Embalmer No. *2531*

P. O. Address *Flat River, 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.