

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**33855**

State File No. \_\_\_\_\_

No. 300  
10-48

XC-809470  
REG. #104,500  
FILED OCT 2 1952

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2510

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>Gasconade</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON BARRACKS, MO.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BLAND</b> <span style="float:right">1370</span>	
c. LENGTH OF STAY (In this place) <b>33 DAYS</b>		d. STREET ADDRESS (If rural, give location) <b>NONE</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>ROBERT</b> b. (Middle) <b>L.</b> c. (Last) <b>STUBBLEFIELD</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>9-28-52</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>4-1-91</b>
9. AGE (In years) (Months) (Days) <b>61</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SCHOOLTEACHER</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>POPLAR BLUFF, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>WILLIAM STUBBLEFIELD</b>		13b. MOTHER'S MAIDEN NAME <b>MINNIE BROWN</b>	
14. NAME OF HUSBAND OR WIFE <b>CHARLOTTE STUBBLEFIELD</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b> (If yes, give war or dates of service) <b>WW-I</b>	
16. SOCIAL SECURITY NO. <b>UNKNOWN</b>		17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, JEFF BRKS, MO.</b> ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARCINOMA OF COLON, RECURRENT</b>			INTERVAL BETWEEN ONSET AND DEATH <b>JAN 1951</b>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			153X
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)			
19a. DATE OF OPERATION <b>9-9-52</b>		19b. MAJOR FINDINGS OF OPERATION <b>WIDE SPREAD CARCINOMA OF ABDOMINAL CAVITY</b>	
20. AUTOPSY? <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input 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) <b>VA</b>		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>8-26-52</u> , 19 <u>  </u> , to <u>9-28-52</u> , 19 <u>  </u> , and that death occurred at <u>12:15A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Milton W. Lincoff</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>VET ADM HOSP, JEFF BRKS, MO.</b>	
23c. DATE SIGNED <b>9-28-52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>9-29-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bland, Mo.</b>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b> ADDRESS <b>4700 Washington Blvd.</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>9-29-52 Herbert R. Donke, MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd.</b>	

SW (Licensed Embalmer's Statement on Reverse Side)

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

AUG 30 1963

OCT 9 1963

OCT 9 1963

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 M. Murray

Licensed Embalmer No. 3749

P. O. Address St. Louis, 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.