

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

70

FILED FEB 3 1953

BIRTH NO. _____		REG. DIST. NO. <u># 2</u>		PRIMARY REG. DIST. NO. <u>4009</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>Andrew County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Savannah</u>			c. LENGTH OF STAY (In this place) <u>3 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Savannah, Mo. 00201</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>205 S. 57th Street.</u>				d. STREET ADDRESS (If rural, give location) <u>205 S. 57th Street?</u>			
3. NAME OF DECEASED (Type or Print) <u>Lucy</u>		a. (First)		b. (Middle) <u>Stout</u>		c. (Last)	
4. DATE OF DEATH		(Month) <u>1</u>		(Day) <u>26</u>		(Year) <u>1953</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>July 2, 1878</u>		9. AGE (In years last birthday) <u>74</u>	10. UNDER 1 YEAR <u>6</u> Months	11. UNDER 1 HRS. <u>24</u> Hours
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 <u>House work</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Buchanan County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Ben Munkers</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Williams</u>		14. NAME OF HUSBAND OR WIFE <u>Clyde K. Stout</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clyde K. Stout</u> ADDRESS <u>Savannah 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Adeno Carcinoma of Stom.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>175X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u> <u>1 year approx</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <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)		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>4-9</u> , <u>1952</u> to <u>1-26</u> , <u>1953</u> , that I last saw the deceased alive on <u>1-25</u> , <u>1953</u> , and that death occurred at <u>5:10 AM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Herbert C. Kelley M.D.</u>				23b. ADDRESS <u>Savannah, Mo.</u>		23c. DATE SIGNED <u>1-28-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-28-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Long Branch</u>		24d. LOCATION (City, town, or county) (State) <u>Andrew County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-30-53</u>		REGISTRAR'S SIGNATURE <u>T. L. Spivey</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm A. Reich</u> ADDRESS <u>Savannah, Mo.</u>			

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

MAR 28 1957
AUG 4 1959
JUL 18 1955
AUG 4 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 _____

Licensed Embalmer No. 4728

P. O. Address Savannah, 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.