S. No. 300
V. 10.48

550

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6732

State File No.

FILED MAR 6 - 1953

BIRTH NO. REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5658 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Vinyard
c. LENGTH OF STAY (in this place): 78 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Stotts City Rural Rt.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Mo
b. COUNTY: Lawrence
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stotts City Rural 0550
d. STREET ADDRESS (If rural, give location): RR. Stotts City

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

4. DATE OF DEATH (Month) (Day) (Year): Feb 22 - 1953

5. SEX: Fe
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Oct - 2 - 1865
9. AGE (In years last birthday): 87 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Nashville Tennessee
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Jasper Owen
13b. MOTHER'S MAIDEN NAME: Elizabeth Goggin
14. NAME OF HUSBAND OR WIFE: Robert Stotts

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: Mr Frank Hemphill — **ADDRESS**: Stotts City 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): Mal Nutrition — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Senile degeneration

DUE TO (c): Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: 4500

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) 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* 10/12, 1949, *to* 2/22, 1953 *that I last saw the deceased alive on* 2/21, 1953 *and that death occurred at* 6:0 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L G Graves MD
23b. ADDRESS: Mt Vernon, Mo
23c. DATE SIGNED: 2/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb - 25 - 1953
24c. NAME OF CEMETERY OR CREMATORY: Moore Cemetery
24d. LOCATION (City, town, or county) (State): Stotts City Mo

DATE REC'D BY LOCAL REG.: 2-25-53
REGISTRAR'S SIGNATURE: Ceil Hendricks 4/1-2
25. FUNERAL DIRECTOR'S SIGNATURE: Max L Fornett — **ADDRESS**: Mt Vernon Mo

(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 Max L. Fawcett

Licensed Embalmer No. 4252

P. O. Address Mathison, 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.