

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6901**

No. 300

10-48

FILED MAR 13 1953

BIRTH NO. _____

REG. DIST. NO. **218**

PRIMARY REG. DIST. NO. **4330**

Registrar's No. **14**

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Miss.	
b. CITY OR TOWN East Prairie		c. CITY OR TOWN East Prairie	
c. LENGTH OF STAY (In this place) 40 yrs		0671	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) DONEA	b. (Middle) REILLY	c. (Last) STUBBLEFIELD	4. DATE OF DEATH (Month) (Day) (Year) March 6, 1953
-------------------------------------	-------------------------	---------------------------	-------------------------------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 7, 1872	9. AGE (In years last birthday) 81	# UNDER 1 YEAR Months 0 Days 29	# UNDER 6 Mths. Hours Mins.
----------------------	-------------------------------	---	--------------------------------------	---	---	---

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

13a. FATHER'S NAME Thomas Grissom	13b. MOTHER'S MAIDEN NAME Mary Millar	14. NAME OF HUSBAND OR WIFE John Stubblefield
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. unk.	17. INFORMANT'S SIGNATURE OR NAME Edwin H. Reilly	ADDRESS St. Louis, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 week
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Influenza		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 481X			

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 **Feb 28, 1953**, to **March 6, 1953** that I last saw the deceased alive on **March 6, 1953**, and that death occurred at **11 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE D. Martin MD (Degree or title)	23b. ADDRESS East Prairie Mo.	23c. DATE SIGNED 3-8-53
--	--------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 8, 1953	24c. NAME OF CEMETERY OR CREMATORY Oakwood Cemetery	24d. LOCATION (City, town, or county) (State) Clinton, Ky.
---	--------------------------------	--	---

DATE REC'D BY LOCAL REG. 3-11-53	REGISTRAR'S SIGNATURE Gertrude S. Harper	GENERAL DIRECTOR'S SIGNATURE W. A. Shelby	ADDRESS East Prairie Mo.
---	---	--	---------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 12 REC'D

RECEIVED
Miss. Co. Health Dept
County File No. _____
Date Filed MAR 12 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 Ernie Shelby

Licensed Embalmer No. 272

P. O. Address East Grand, 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.