No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16975

FILED JUN 2 1953

BIRTH NO. 20138 REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 42

1. PLACE OF DEATH
a. COUNTY Barry 0051 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Monett
c. LENGTH OF STAY (In this place) 26 da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Vincent Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Barry 0051
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Monett 0
d. STREET ADDRESS (If rural, give location) 901 Cole St.

3. NAME OF DECEASED (Type or Print)
a. (First) Carleen b. (Middle) Kay c. (Last) Stoops

4. DATE OF DEATH (Month) (Day) (Year) May 24 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Baby 0
8. DATE OF BIRTH April 28-1953
9. AGE (In years last birthday) — If under 1 year: Months — Days 26 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Monett Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Carl Stoops
13b. MOTHER'S MAIDEN NAME Betha Rodewald
14. NAME OF HUSBAND OR WIFE —

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 Carl Stoops **ADDRESS** Monett 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) Hydrocephalus — INTERVAL BETWEEN ONSET AND DEATH 26 days

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 752X
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* April 28, 1953, *to* May 24, 1953, *that I last saw the deceased alive on* May 24, 1953, *and that death occurred at* 6 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE Frank Kerr MDO (Degree or title)
23b. ADDRESS Monett Mo
23c. DATE SIGNED 5-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 25 1953
24c. NAME OF CEMETERY OR CREMATORY I. O. O. F. Cemetery
24d. LOCATION (City, town, or county) Monett (State) Mo.

DATE REC'D BY LOCAL REG. 5-29-53
REGISTRAR'S SIGNATURE Katherine Henderson 487
25. FUNERAL DIRECTOR'S SIGNATURE Bennett-Wormington **ADDRESS** Monett Mo

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed R. Gordon Bennett

Signed.....
Student Embalmer

Licensed Embalmer No. 4213

P. O. Address Monett Mo.,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.