

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20917

FILED JUN 29 1953

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>50</u>		PRIMARY REG. DIST. NO. <u>5179</u>		Registrar's No. <u>21</u>		
1. PLACE OF DEATH a. COUNTY <u>Camden</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>unknown</u> b. COUNTY <u>unknown</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Low Creek, R - Cass T</u>		c. LENGTH OF STAY (In this place) <u>Passing</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Unknown</u>		0150		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway Federal # 54</u>				d. STREET ADDRESS (If rural, give location) <u>unknown</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Herman</u>			b. (Middle) <u>Hubert</u>		c. (Last) <u>Stines</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 15 '53</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unknown</u>	8. DATE OF BIRTH <u>July 11-1913</u>		9. AGE (In years last birthday) <u>40</u>	# UNDER 1 YEAR Months	# UNDER 24 HRS. Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>unknown</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mobile Ala</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Frank W Stines</u>			13b. MOTHER'S MAIDEN NAME <u>Cora M Fink</u>		14. NAME OF HUSBAND OR WIFE <u>unknown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>5454-32-6518</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>From card in pocket - none</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain Hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Crashed skull</u> DUE TO (c) <u>being struck by auto</u>  II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>Unavoidable Auto Accident</u>					INTERVAL BETWEEN ONSET AND DEATH <u>30-45</u> <u>Minutes</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>left side of back of head fractured - Hemorrhage internal + out left ear</u>				20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>on highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cass T Camden MO</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 15-1953 8:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>While walking on Highway - struck by auto</u>				
22. I hereby certify that I attended the deceased from <u>June 16</u> , 19 <u>53</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Mrs Abbie Woolery Cotner</u>				23b. ADDRESS <u>Camden, MO</u>		23c. DATE SIGNED <u>June 22-</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>June 22-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stelutomicel Burial Columbin</u>		24d. LOCATION (City, town, or county) (State) <u>MO</u>		
25. DATE REC'D BY LOCAL REG. <u>June 24-1953</u>		REGISTRAR'S SIGNATURE <u>Montie Law, Asst.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Banksau-Woolery, Camden, MO</u>				

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

JUN 7 1956

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 *Mrs B Ellsberry*

Licensed Embalmer No. *2488*

P. O. Address *Camden, N.J.*

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

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