

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21185**

FILED JUL 9 - 1953

BIRTH NO. _____ REG. DIST. NO. **107** PRIMARY REG. DIST. NO. **3019** Registrar's No. **81**

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) Kennett		c. CITY (If outside corporate limits, write RURAL and give township) Kennett	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 1327-1st Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1327-1st St.			

3. NAME OF DECEASED a. (First) Thomas		b. (Middle) Harmore		c. (Last) Stout		4. DATE OF DEATH (Month) (Day) (Year) June-30-1953	
5. SEX M		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 21-1867	
9. AGE (In years last birthday) 85		10. KIND OF BUSINESS OR INDUSTRY Wholesale Food		11. BIRTHPLACE (State or foreign country) Greenfield, Tennessee		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant-Retired		10b. KIND OF BUSINESS OR INDUSTRY Wholesale Food		11. BIRTHPLACE (State or foreign country) Greenfield, Tennessee		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Levi Stout		13b. MOTHER'S MAIDEN NAME Ann Earls		14. NAME OF HUSBAND OR WIFE Nancy Cartton Stout			

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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Cora Mae Miller Lower Hill St.			
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Sclerosis				INTERVAL BETWEEN ONSET AND DEATH 4 yrs.	
		ANTECEDENT CAUSES 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 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **Nov 12, 1952**, to **June 30, 1953**, that I last saw the deceased alive on **June 30, 1953**, and that death occurred at **3 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George W. Purnum M.D. - M.D.		23b. ADDRESS Kennett Mo		23c. DATE SIGNED 7/2/53	
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24a. BURIAL, CREMATION, REMOVALS (Specify) Burial - 7/2/53		24b. DATE 7/2/53		24c. NAME OF CEMETERY OR CREMATORY Oak Ridge		24d. LOCATION (City, town, or county) (State) Kennett, Mo	
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DATE REC'D BY LOCAL REG. 7-6-1953		REGISTRAR'S SIGNATURE Earl Thurman		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul Johnson Kennett, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 7-7-53

COUNTY FILE NUMBER 753-183

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 *J. Palmer*

Signed.....
Student Embalmer

Licensed Embalmer No. 2556

P. O. Address *Kennett, 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.