

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

SV 1011 36290
State File No. 36290
Registrar No. 155

FILED NOV 4 - 1953
BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1113 West Daugherty		d. STREET ADDRESS (If rural, give location) 1113 West Daugherty	

3. NAME OF DECEASED (Type or Print) CLAUD	a. (First) G.	b. (Middle) STINNETT	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) October 28, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH March 24, 1883	9. AGE (In years last birthday) 70	10 UNDER 1 YEAR 7 Months	11 UNDER 1 YEAR 4 Days	12 UNDER 1 YEAR Hours	13 UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter Retired	10b. KIND OF BUSINESS OR INDUSTRY Carpenter	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME W. I. Stinnett	13b. MOTHER'S MAIDEN NAME Martha Todd	14. NAME OF HUSBAND OR WIFE None
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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 Miss Lulu Stinnett	ADDRESS Webb City, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Pulmonary Edema.		2 days.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) Tibi. Sacralis.		9 months.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			2 years.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) m.	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 Oct 19, 1953, to Oct 27, 1953, that I last saw the deceased alive on Oct 27, 1953, and that death occurred at 9:25 A.M., from the causes and on the date stated above.

23a. SIGNATURE Mrs. Vello-Flie 2 B.O.	(Degree or title)	23b. ADDRESS 924 N. Daugherty St. W.C.	23c. DATE SIGNED 10/28/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 31, 1953	24c. NAME OF CEMETERY OR CREMATORY Mt Hope Cemetery	24d. LOCATION (City, town, or county) (State) Webb City, Missouri
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DATE REC'D BY LOCAL REG. 10-31-53	REGISTRAR'S SIGNATURE 414 Mrs. Madeline Suter	25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis	ADDRESS Webb City, Missouri
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 2 1953

Jasper County Health Office

County File Number 53-11-883

Date Filed NOV 2 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 *[Signature]*
Licensed Embalmer No. 4561

P. O. Address *Walden et, m*

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.