No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 45164

FILED JAN 28 1954

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4428 Registrar's No. 138

850
1

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

1. PLACE OF DEATH
a. COUNTY ~~Camden~~ Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Richland
c. LENGTH OF STAY (In this place) 38yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY Camden
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Richland 0850 0
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) William
b. (Middle) Harvey
c. (Last) Stout

4. DATE OF DEATH (Month) 12 (Day) 24 (Year) 53

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH July 17, 1892
9. AGE (In years last birthday) 61 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Missouri 0
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Vianna Stout
14. NAME OF HUSBAND OR WIFE Ada Sheely

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Ada Stout — ADDRESS Richland, Missouri

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) [illegible] Cancer of Rectum, [illegible] 24, 1953 — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cancer of Bladder — 8 mo
DUE TO (c) Cancer, Rectum — 2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Rectal cancer removed Apr. 24, 1953 at Veterans Hosp.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION C.A. of rectum 154X
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* Aug 23, 1953, *to* Dec 24, 1953, *that I last saw the deceased alive on* Dec 8, 1953, *and that death occurred at* 10:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE C. Mallette (Degree or title) O M.D.
23b. ADDRESS Crocker Mo
23c. DATE SIGNED 12-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify) 12/27/53
24b. DATE Burial
24c. NAME OF CEMETERY OR CREMATORY Elm Grove Cemetery
24d. LOCATION (City, town, or county) Camden County, (State) Missouri

DATE REC'D BY LOCAL REG. 12-26-53
REGISTRAR'S SIGNATURE Eulalia Anderson 458-1
25. FUNERAL DIRECTOR'S SIGNATURE Hedges Funeral Home, Richland, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12-26-53
Pulaski County Health Officer
File Number
Date Filed 1-26-54

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 Walter [illegible]

Licensed Embalmer No. 14263

P. O. Address [illegible] 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.