

STANDARD CERTIFICATE OF DEATH

State File No. **2199**
 Registrar's No. **104**

BIRTH NO. **FILED FEB 15 1954** REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **4378**

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

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ravenwood		c. LENGTH OF STAY (In this place) life	
d. FULL NAME OF HOSPITAL OR INSTITUTION Family home		d. STREET ADDRESS (If rural, give location) none	
3. NAME OF DECEASED (Type or Print) AMARYNTH STINGLEY		4. DATE OF DEATH (Month) (Day) (Year) 2 9 54	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 5/3/69
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY Own home	9. AGE (In years last birthday) 84
11. BIRTHPLACE (State or foreign country) Ravenwood, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George R. Stingley		13b. MOTHER'S MAIDEN NAME Eveline Yarnell	
14. NAME OF HUSBAND OR WIFE none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Evelyn Williams, Ravenwood, Mo.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tubercular pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Flu 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		480X	
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) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-4 1954 , to Feb. 9, 1954 , that I last saw the deceased alive on Feb 9, 1954 , and that death occurred at 8 A. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) D. O. O.		23b. ADDRESS Maryville, Missouri	
23c. DATE SIGNED 2/10/54		24a. BURIAL, CREMATION, REMOVAL (Specify) burial	
24b. DATE 2/11/54		24c. NAME OF CEMETERY OR CREMATORY Oak Lawn	
24d. LOCATION (City, town, or county) (State) Ravenwood, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home, Maryville, Mo.	
DATE REC'D BY LOCAL REG. 2-16-54		REGISTRAR'S SIGNATURE Bess Holt 229	

OCT 23 1958

FEB 17 1958

APR 10 1958

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 Clem M. Pisci

Licensed Embalmer No. 1822

P. O. Address Maryville, 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.