

**THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **9767**

FILED MAR 17 1954

BIRTH NO. _____ REG., DIST. NO. **301** PRIMARY REG. DIST. NO. **6048** Registrar's No. **434**

No. 300
10-48

910

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

1. PLACE OF DEATH a. COUNTY <u>Ripley</u> b. CITY OR TOWN <u>Rural, Varner Twp.</u> c. LENGTH OF STAY (in this place) <u>3 years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 Miles E. of Doniphan, Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u> c. CITY OR TOWN <u>Rural, Varner Twp.</u> d. STREET ADDRESS (If rural, give location) <u>8 Miles E. of Doniphan, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ethel</u> b. (Middle) <u>Carlisle</u> c. (Last) <u>Stage</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 4, 1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>August 24, 1884</u>
9. AGE (In years last birthday) <u>69</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Pilot Knob, Missouri, O</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Samuel M. Carlisle</u>		13b. MOTHER'S MAIDEN NAME <u>Eden Hawkins</u>	
14. NAME OF HUSBAND OR WIFE <u>Walter Stage</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. - - - -		17. INFORMANT'S SIGNATURE OR NAME <u>Chicago, Ill.</u> <u>Heleen B. Hubbard, 6315 S. Emerald</u>	
MEDICAL CERTIFICATION			
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.			INTERVAL BETWEEN ONSET AND DEATH <u>3-4-54</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES _____ DUE TO (b) <u>Cerebral Hemorrhage</u> 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 <u>331X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)	
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 <u>1-54</u> to <u>3-4-54</u> that I last saw the deceased alive on <u>3-4-54</u> and that death occurred at <u>7:45 a.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>C. J. South, M.D.</u>		23b. ADDRESS <u>Doniphan, Mo.</u>	
23c. DATE SIGNED <u>Mar. 6, 1954</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 7, 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Doniphan Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Doniphan, Missouri</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Meems</u>		25. ADDRESS <u>Doniphan, Mo.</u>	
26. DATE REC'D BY LOCAL REG. <u>3-6-54</u>		27. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

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 Ray Meamer

Licensed Embalmer No. 3243

P. O. Address Danipham, Ma.

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.