

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **14658**

BIRTH NO. _____		REG. DIST. NO. <u>352</u>		PRIMARY REG. DIST. NO. <u>4517</u>		Registrar's No. <u>27</u>			
1. PLACE OF DEATH a. COUNTY <u>Taney</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Taney</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Branson</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Branson</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				e. STREET ADDRESS (If rural, give location) <u>1660</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Stella</u> b. (Middle) <u>Grace</u> c. (Last) <u>May</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-16-54</u>						
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>Aug. 5-1900</u>		9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	IF UNDER 15 MIN. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life (even if retired)) <u>Home maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Alba MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>John Stoffle</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Hutchins, Deceased</u>		14. NAME OF HUSBAND OR WIFE _____					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clifford May Detroit Michigan</u> ADDRESS _____					
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) <u>acute Coronary Thrombosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  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. <u>4201</u>							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Had not been under doctor care for any illness</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>4-16</u> , 19 <u>54</u> , to <u>4-16</u> , 19 <u>54</u> , that I last saw the deceased <u>around 4-16</u> , 19 <u>54</u> , and that death occurred at <u>10 P. M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>By order of Local Registrar</u> <u>Deans Gaulty</u> Coroner of <u>Branson MO</u>				23b. ADDRESS _____		23c. DATE SIGNED <u>4-16-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-20-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Old Branson</u>		24d. LOCATION (City, town, or county) (State) <u>Branson MO</u>				
DATE REC'D BY LOCAL REG. <u>4-21-54</u>		REGISTRAR'S SIGNATURE <u>S.E. Cogswell 376</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R.O. Welche</u> ADDRESS <u>Branson MO</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.....  
Signature of Student Embalmer

Signed *Minnie L. Welch*.....

Licensed Embalmer No. *222*.....

P. O. Address *Branson*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.