

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32877

1130

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44

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

BIRTH NO. _____		REG. DIST. NO. 374		PRIMARY REG. DIST. NO. 4550		Registrar's No. 39	
1. PLACE OF DEATH a. COUNTY <u>Worth</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sheridan Mo</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sheridan Missouri</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>no street address</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Guy</u>		b. (Middle) <u>Fredrick</u>		c. (Last) <u>Stingley</u>	
4. DATE OF DEATH		Month <u>Sept</u> Day <u>4</u> Year <u>1954</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Dec 29-1881</u>		9. AGE (In years) <u>72</u> Months <u>8</u> Days <u>5</u>		10. AGE (In years) <u>72</u> Months <u>8</u> Days <u>5</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manager of Grocery Store</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Merchant</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Madaway County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Ray Stingley</u>		13b. MOTHER'S MAIDEN NAME <u>Jessie Stingley</u>		14. NAME OF HUSBAND OR WIFE <u>Maude Hall Stingley</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>Maude Stingley</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Pulmonary Embolus</u>		19. INTERVAL BETWEEN ONSET AND DEATH <u>48hrs</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Pulmonary Embolus</u>		19. MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolus</u>		20. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Prostatic hypertrophy</u>		21. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>Aug 54</u>		19b. MAJOR FINDINGS OF OPERATION <u>6010X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. HOW DID INJURY OCCUR? _____	
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? _____		21g. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>Mar 15</u> , 1954, to <u>Sept 4</u> , 1954, that I last saw the deceased alive on <u>Sept 3</u> , 1954, and that death occurred at <u>3p</u> m., from the causes and on the date stated above.				23. SIGNATURE (Degree or title) <u>Frank B. Hatten M.D.</u>			
23a. SIGNATURE		23b. ADDRESS <u>Grant City Mo</u>		23c. DATE SIGNED <u>9-6-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Sept 6-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grant City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Grant City Mo</u>	
24e. DATE REC'D BY LOCAL REG. <u>Sept 14 1954</u>		24f. REGISTRAR'S SIGNATURE <u>Leta E. Lawrence</u>		24g. FUNERAL DIRECTOR'S SIGNATURE <u>John Andrews</u>		24h. ADDRESS <u>Grant City Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

SEP 19 1957

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 _____

John Andrews
working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed *John Andrews*

Licensed Embalmer No. *4211*

P. O. Address *Grant City 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.