

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

FILED DEC 21 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH 4061

State File No. 40285

|   |   |  |   |   |   |   |   |  |
|---|---|--|---|---|---|---|---|--|
| BIRTH NO.   |   | REG. DIST. NO. 44  |   | PRIMARY REG. DIST. NO. 5147   |   | Registrar's No. 29  |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY CALDWELL   |   |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE MISSOURI b. COUNTY CALDWELL |   |   |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BRAYMER  |   | c. LENGTH OF STAY (In this place) 1 hr.  |   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BRAYMER -RURAL                                   |   | 0920  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION BRAYMER HOSPITAL  |   |  |   | d. STREET ADDRESS (If rural, give location) FAIRVIEW TWP.   |   |   |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) FRANKLIN VERE STUBBLEFIELD   |   |  | 4. DATE OF DEATH 12/4/1954                        |   |   |   |   |  |
| 5. SEX M  | 6. COLOR OR RACE W  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED                                   | 8. DATE OF BIRTH 1/21/1897                        |   | 9. AGE (In years last birthday) 57                              | IF UNDER 1 YEAR Months Days                                 | IF UNDER 2 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 FARMER   |   | 11. BIRTHPLACE (State or foreign country) CALDWELL CO., MO.   |   | 12. CITIZEN OF WHAT COUNTRY? U.S.                           |   |  |
| 13a. FATHER'S NAME BENJAMIN F. STUBBLEFIELD   |   | 13b. MOTHER'S MAIDEN NAME JULIA E. WOODBRIDGE  |   | 14. NAME OF HUSBAND OR WIFE NONE  |   |   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES   |   | 16. SOCIAL SECURITY NO. WORLD WAR I  |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS SETH STUBBLEFIELD, BRAYMER, MO.   |   |   |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis<br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Arteriosclerosis<br>DUE TO (c) Coronary Stenosis |  |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br>1 hr<br>unknown<br>1 yr |   |  |
| 19a. DATE OF OPERATION  |   | 19b. MAJOR FINDINGS OF OPERATION   |   |   |   |   | 20. AUTOPSY?<br>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)   |   | 4201  |   |  |
| 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 Jan 29, 1954, to Dec 4, 1954, that I last saw the deceased alive on Dec 4, 1954, and that death occurred at 8:25 pm., from the causes and on the date stated above.      |   |  |   |   |   |   |   |  |
| 23a. SIGNATURE (Degree or title) John R. Crank, D.D.  |   |  |   | 23b. ADDRESS Braymer, Mo.   |   | 23c. DATE SIGNED 12-6-54                                    |   |  |
| 24. BURIAL, CREMATION, REMOVAL (Specify) BURIAL   |   | 24b. DATE 12/6/1954  | 24c. NAME OF CEMETERY OR CREMATORY WHITE CEMETERY |   | 24d. LOCATION (City, town, or county) (State) CALDWELL CO., MO. |   |   |  |
| DATE REC'D BY LOCAL REG. 12-18-54   |   | REGISTRAR'S SIGNATURE Mrs. Ruth Ann Jurgens  |   | 25. FUNERAL DIRECTOR'S SIGNATURE  |   | ADDRESS Rev. Michael, Braymer, Mo.                          |   |  |

5/11/1941

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

*Leue, Michael*

Licensed Embalmer No. *4340*

P. O. Address *Braymer, 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.