

FILED MAY 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12849

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>130</u>	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give town) Sedalia		c. LENGTH OF STAY (in this place township) 5 yrs		c. CITY OR TOWN Sedalia		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 705 West Benton				STREET ADDRESS (If rural, give location) 705 West Benton 0804			
3. NAME OF DECEASED (Type or Print) a. (First) Cole b. (Middle) Newton c. (Last) Stout			4. DATE OF DEATH (Month) (Day) (Year) April 28, 1955.				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 19, 1887		9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY General labor		11. BIRTHPLACE (City and State or Foreign Country) Latham, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME E.J. Stout		13b. MOTHER'S MAIDEN NAME Josephine Davis		14. NAME OF HUSBAND OR WIFE Rose Stout			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NUMBER 488-26-3926		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Bertha Minor, 1621 E. 16th Sedalia, Mo.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia. ANTECEDENT CAUSES DUE TO (b) Suffocation from inhalation of fumes from burning house. DUE TO (c) Multiple 2nd and 3rd degree burns. II. OTHER SIGNIFICANT CONDITIONS Chronic Alcoholism. Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION E9160 10				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident.		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In home.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Sedalia, Pettis, 13² Mo.			
21d. TIME OF INJURY 4-28-55, 2:10 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Coal-oil stove exploded, setting house afire			
22. I hereby certify that I examined ^{viewed the body of} the deceased as ^{as} Deputy Coroner of Pettis County at 2:45 P.M. ^{at 2:10 P.M.} , and that death occurred at 2:10 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J.M. Rodeman, M.D. Deputy Coroner Pettis County			23b. ADDRESS 219 1/2 South Ohio, Sedalia, Mo.			23c. DATE SIGNED 4-28-55.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/30/55	24c. NAME OF CEMETERY OR CREMATORY Tipton cemetery		24d. LOCATION (City, town, or county) (State) Tipton, Missouri		
DATE REC'D BY LOCAL REG. 4/30/55		REGISTRAR'S SIGNATURE Lavinia Covatt, Deputy		25. FUNERAL DIRECTOR'S SIGNATURE William Givens		ADDRESS U.S.A.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *P. E. Baker*.....

Licensed Embalmer No. *2413*

P. O. Address *Sedalia*

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.