

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14979

FILED MAY 31 1955

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 39

0251

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

| | | | |
|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Clinton</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Caldwell</u> | |
| b. CITY OR TOWN <u>Cameron</u> | | c. CITY OR TOWN <u>Rural</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Park</u> | | e. STREET ADDRESS (If rural, give location) <u>7 miles S E of Cameron</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>George Ruben</u> b. (Middle) <u>Grady</u> c. (Last) <u>Stinson</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>5 23 55</u> | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>Feb 15 1869</u> |
| 9. AGE (In years last birthday) <u>86</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Kentucky</u> |
| 10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>James Stinson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Lucinda Sloan</u> | 14. NAME OF HUSBAND OR WIFE <u>Addie Stinson</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. <u>no</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Addie Stinson</u> ADDRESS <u>Cameron</u> |
| 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>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 days</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) <u>331X</u> 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 | |
| 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>Jan 7</u> , 19 <u>51</u> , to <u>May 23</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>May 23</u> , 19 <u>55</u> , and that death occurred at <u>1:40 p. m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>J. A. Kues</u> (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>Cameron MO</u> | 23c. DATE SIGNED <u>5-25-55</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>5-25-55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mobile</u> | 24d. LOCATION (City, town, or county) (State) <u>Caldwell MO</u> |
| DATE REC'D BY LOCAL REG. <u>5-26-55</u> | REGISTRAR'S SIGNATURE <u>Winifred W. Moser</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Island Funeral Home</u> | ADDRESS <u>Cameron</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 *Robert Z Poland*.....

Licensed Embalmer No. *477-222*
P. O. Address *Common*.....

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.