

No. 300
10.48
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FILED OCT 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29635**

BIRTH NO. _____ REG. DIST. NO. **144** PRIMARY REG. DIST. NO. **1234** Registrar's No. **70**

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Reynolds	
b. CITY OR TOWN Ironton	c. LENGTH OF STAY (in this place) 6 months	c. CITY OR TOWN Ellington	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys of the Ozarks		STREET ADDRESS (If rural, give location) 09601	

3. NAME OF DECEASED (Type or Print)	a. (First) Albert	b. (Middle) Clarence	c. (Last) Stout	4. DATE OF DEATH (Month) (Day) (Year) Sept. 7. 55
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH Nov 4, 1875	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Hardware	11. BIRTHPLACE (City and State or Foreign Country) Reynolds County Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Thomas Stout	13b. MOTHER'S MAIDEN NAME Margie Breckwidge	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Fay Brawley	ADDRESS Ellington
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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		INTERVAL BETWEEN ONSET AND DEATH 3 yrs 7 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Murder		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes Mellitus DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		260X	

19a. DATE OF OPERATION Mo	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Aug 10, 1949** to **Sept 7, 1955**, that I last saw the deceased alive on _____, 19____, and that death occurred at **7:55 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) M.D.	23b. ADDRESS Ellington Mo.	23c. DATE SIGNED 9-8-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 10 55	24c. NAME OF CEMETERY OR CREMATORY Ellington	24d. LOCATION (City, town, or county) (State) Ellington
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DATE REC'D BY LOCAL REG. Sept. 16, 1955	REGISTRAR'S SIGNATURE Mrs. Aris Jones	25. FUNERAL DIRECTOR'S SIGNATURE Chas. S. Smith	ADDRESS Ellington, Mo.
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WRITE PLAINLY—USING UNFADING 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 *Chas S. Rewitt*

Licensed Embalmer No...45...

P. O. Address *Ellington,*

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.