

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33048

FILED NOV 4 1955

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5562 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Iron	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Arcadia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Arcadia 0470	
c. LENGTH OF STAY (In this place) 11mo. 23da.		d. STREET ADDRESS (If rural, give location) 1 1/2 mi. E. on Hwy. 70	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION The Home for Aged Baptists			

3. NAME OF DECEASED (Type or Print)	a. (First) Julia	b. (Middle) W.	c. (Last) Stivers	4. DATE OF DEATH (Month) (Day) (Year) Oct. 12, 1955
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH Dec. 18, 1877	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 9	IF UNDER 24 HRS. Days 24	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY her own home	11. BIRTHPLACE (State or foreign country) Marshall Mo	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME John Whittleton	13b. MOTHER'S MAIDEN NAME Harriet Frances Cox	14. NAME OF HUSBAND OR WIFE John Marshall Stivers
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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 ADDRESS Dolores Weiss Ironton, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 9 weeks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		RS
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			331X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 Sept. 28, 1953, to Oct. 12, 1953, that I last saw the deceased alive on Oct. 12, 1953, and that death occurred at 9:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J.H. McFintosh, M.D.	23b. ADDRESS Ironton, Mo.	23c. DATE SIGNED 11-13-53
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24a. BURIAL, CREMATION REMOVAL (Specify) REMOVAL	24b. DATE 10-12-53	24c. NAME OF CEMETERY OR CREMATORY Marshall Cemetery	24d. LOCATION (City, town, or county) (State) Marshall, Missouri
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DATE REC'D BY LOCAL REG. 10-15-55	REGISTRAR'S SIGNATURE Mrs. Aris Jones	FUNERAL DIRECTOR'S SIGNATURE White Funeral Home	ADDRESS Ironton Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

300
48
#70
5

EX-101 57 1001

MO: 6
1953

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 ANCEL I WHITE

Licensed Embalmer No. 3012

P. O. Address IRONTON 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.