

FILED NOV 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **33800**

BIRTH NO. _____		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 3127		Registrar's No. 158	
1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY JASPER			
b. CITY (If outside corporate limits, write RURAL and give town or town WEBB CITY)		c. LENGTH OF STAY (in this place) 25 YRS		c. CITY OR TOWN WEBB CITY		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 (If not in hospital or institution, give street address or location) JANE CHINN HOSPITAL				STREET ADDRESS (If rural, give location) 830 NORTH TOM ST			
3. NAME OF DECEASED (Type or Print) a. (First) GOLDIE		b. (Middle) MAE		c. (Last) STOUT		4. DATE OF DEATH (Month) (Day) (Year) NOV 10 1955	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MARCH 21, 1891	
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months 20		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and State or Foreign Country) POTO OKLAHOMA		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME LUM C COKER		13b. MOTHER'S MAIDEN NAME NO DATA		14. NAME OF HUSBAND OR WIFE SHERMAN STOUT			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS SHERMAN STOUT WEBB CITY, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephritis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 490X				INTERVAL BETWEEN ONSET AND DEATH 5 days	
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) m.		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 11-6 , 1955 , to 11-10 , 1955 , that I last saw the deceased alive on 11-10 , 1955 , and that death occurred at 6:35 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) P. B. Munson, D.O.				23b. ADDRESS Webb City, Mo.		23c. DATE SIGNED 11-10-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11/12/1955		24c. NAME OF CEMETERY OR CREMATORY WEBB CITY CEMETERY		24d. LOCATION (City, town, or county) (State) WEBB CITY MO	
DATE REC'D BY LOCAL REG. 11-10-55		REGISTRAR'S SIGNATURE Mrs. Madeline Switzer		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HEDGE-LEWIS FUNERAL HOME WEBB CITY, MO			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 14 1955
Jasper County Health Office
County File Number 55-11-768
Case File

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 *Richard Gray Lew*.....

Licensed Embalmer No. *446*
P. O. Address *Welf City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.