

FILED JAN 18 1956

STANDARD CERTIFICATE OF DEATH

796
State File No.

BIRTH NO.		REG. DIST. NO. <u>86</u>		PRIMARY REG. DIST. NO. <u>5329</u>		Registrar's No. <u>1-1956</u>			
1. PLACE OF DEATH a. COUNTY <u>Crawford</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Oak Hill Twp.)		c. LENGTH OF STAY (in this place) <u>lifetime</u>		c. CITY OR TOWN <u>Owensville</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>Farm Home</u>				STREET ADDRESS (If rural, give location) <u>Owensville Route 3</u>				<u>0280</u>	
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Mack</u>		b. (Middle) <u>Stubblefield</u>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 9, 1956</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 9, 1872</u>		9. AGE (In years last birthday) <u>83</u> If UNDER 1 YEAR: Months <u>10</u> Days <u>-</u> Hours <u>-</u> Min. <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Owensville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Stubblefield</u>			13b. MOTHER'S MAIDEN NAME <u>Susan Owens</u>			14. NAME OF HUSBAND OR WIFE <u>Lucy Stovall Stubblefield</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>**</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Floyd Stubblefield Owensville, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Left hemiplegia due to intracranial hemorrhage</u>						INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Advanced arteriosclerosis</u>				<u>3 years</u>	
				DUE TO (c) <u>Hypertension</u>				<u>3 years</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>331x</u>	
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) (Minute)		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>1-5</u> , 19 <u>56</u> , to <u>1-9</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1-8</u> , 19 <u>56</u> , and that death occurred at <u>11:30 P.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Floyd Stubblefield</u>				23b. ADDRESS <u>Owensville Mo.</u>				23c. DATE SIGNED <u>1-10-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-13-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Collier Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>near Owensville, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1-13-1956</u>		REGISTRAR'S SIGNATURE <u>Paul A. Shantler</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter H. H. Winter</u>		ADDRESS <u>OWENSVILLE</u>		

(Licensed Embalmer's Statement on Reverse Side)

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 Mr. Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Myron H. Winter

Licensed Embalmer No. 38

P. O. Address OWEN SU

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.