No. 300
10.48

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

FILED FEB 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4244

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4125 Registrar's No. 31

1. PLACE OF DEATH
a. COUNTY: Daviess
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gallatin
c. LENGTH OF STAY (in this place): 1 Yr. 2 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cox Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Daviess
c. CITY OR TOWN: Gallatin
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): ---
0310

3. NAME OF DECEASED (Type or Print)
a. (First): Rutherford
b. (Middle): Birch
c. (Last): Stackhouse

4. DATE OF DEATH (Month) (Day) (Year): Feby. 7 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Dec. 15 1876
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 1 HR.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner
11. BIRTHPLACE (City and State or Foreign Country): Glendale Ohio
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Allen Stackhouse
13b. MOTHER'S MAIDEN NAME: Phoeba Ann Palmerton
14. NAME OF HUSBAND OR WIFE: ---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Lloyd Townsend, Gallatin, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage (Cerebral) — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

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: 334X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 2, 1956, *to* Feb. 7, 1956, *that I last saw the deceased alive on* Feb 5, 1956, *and that death occurred at* 7:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): Floyd E. Nelson MD
23b. ADDRESS: Gallatin, Mo.
23c. DATE SIGNED: 2-16-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-11-1956
24c. NAME OF CEMETERY OR CREMATORY: Mt. Ayr Cemetery
24d. LOCATION (City, town, or county) (State): Altamont, Missouri

DATE REC'D BY LOCAL REG.: 2-14-56
REGISTRAR'S SIGNATURE: Virginia M Engelhart
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: L. O. Richardson, Hope Funeral Home, Gallatin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

DEC 195

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed L. C. Richesson

Licensed Embalmer No. 330.

P. O. Address Gallat

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