

FILED APR 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8949

State File No. ....

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 616

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY OR TOWN (If outside corporate limits, file RURAL and give township) <u>West Plains</u>		c. CITY OR TOWN <u>West Plains</u>	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 <input checked="" type="checkbox"/>		e. STREET ADDRESS (If rural, give location) <u>Lincoln Ave., 0460</u>	
3. NAME OF DECEASED a. (First) <u>Wallace</u> b. (Middle) <u>Stiner</u> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>3/17-56</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>7-22-1890</u>
9. AGE (In years) last birthday <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auto operator</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Vacabontes, Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>?</u>		13b. MOTHER'S MAIDEN NAME <u>Christine Stiner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <u>500-40-325N</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Walter D. Stiner</u>		ADDRESS <u>Madley West Plains 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDIAL INFARCTION</u> INTERVAL BETWEEN ONSET AND DEATH <u>15 MIN</u> ANTECEDENT CAUSES DUE TO (b) <u>ARTERIOSCLEROTIC HEART DIS.</u> DUE TO (c) <u>GENERALIZED ARTERIOSCLEROSIS</u> II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death. <u>CONGESTIVE HEART FAILURE, MILD</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4200	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		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? _____	
22. I hereby certify that I attended the deceased from <u>3-16</u> , 19 <u>56</u> to <u>3-17</u> , 19 <u>56</u> that I last saw the deceased alive on <u>3-16</u> , 19 <u>56</u> and that death occurred at <u>2:00</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (If not in full) <u>Jack N. Underwood</u>		23b. ADDRESS <u>West Plains Mo</u>	
23c. DATE SIGNED <u>3-24-56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) _____	
24b. DATE <u>3-20-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Howell Park</u>	
24d. LOCATION (City, town, or county) <u>West Plains Mo</u>		(State) _____	
DATE REC'D BY LOCAL REG. <u>3-28-56</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Robertus West Plains Mo</u>		ADDRESS _____	

**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 *J. S. Roberts* .....

Licensed Embalmer No. *243* .....  
P. O. Address *West Hill* .....

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.