

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23561**

FILED JUL 23 1956

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY Iron. Ironton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Reynolds	
b. CITY (If outside corporate limits, write RURAL and give township) Ironton		c. CITY (If outside corporate limits, write RURAL and give township) Centerville	
c. LENGTH OF STAY (In this place) 20 Minutes		d. STREET ADDRESS (If rural, give location) General Delivery	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital Ironton			

3. NAME OF DECEASED (Type or Print) a. (First) Loviza b. (Middle) Elezibeth c. (Last) Stout			4. DATE OF DEATH (Month) (Day) (Year) 7 18 56		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH 12/11/1874		9. AGE (In years last birthday) 82		10. UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house keeper		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and State or Foreign Country) Reynolds County	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME David Akins		13b. MOTHER'S MAIDEN NAME Cathrine Brawley	
13c. NAME OF HUSBAND OR WIFE Joseph Stout Dease		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME B.W. Ratliff Hardy Ark.		17. ADDRESS			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Coronary Thrombosis		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		ANTECEDENT CAUSES Myocarditis			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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		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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7/40p m. , from the causes and on the date stated above.					
23a. SIGNATURE C.A. Howell Coroner		23b. ADDRESS Ironton, Mo.		23c. DATE SIGNED 7/19/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/22/56		24c. NAME OF CEMETERY OR CREMATORY pleasant Hill Cem	
24d. LOCATION (City, town, or county) (State) Hardy ARK.		DATE REC'D BY LOCAL REG. 7-19-56		REGISTRAR'S SIGNATURE Mrs Aris Jones	
25. FUNERAL DIRECTOR'S SIGNATURE Wiggins Botham		ADDRESS Hardy Ark.			

(Licensed Embalmer's Statement on Reverse Side)

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

128

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 C. A. Howell

Licensed Embalmer No. 9670

P. O. Address Routon, Me

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.