

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24305

State File No. ....

FILED AUG 8 - 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <b>Lawrence County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lawrence</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Aurora</b>		c. CITY OR TOWN <b>Marionville</b>	
c. LENGTH OF STAY (in this place) <b>1 day</b>		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 <b>Aurora Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>0550</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b>		b. (Middle) <b>Henry</b>	
c. (Last) <b>Stout</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 29, 1956</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>May 11, 1873</b>
9. AGE (In years last birthday) <b>83</b>		IF UNDER 1 YEAR Months <b>2</b> Days <b>18</b>	IF UNDER 18 HRS. Hours <b>18</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farming</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Cottonwood Falls, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Wilson Stout</b>		13b. MOTHER'S MAIDEN NAME <b>Alice Foreman</b>	
14. NAME OF HUSBAND OR WIFE <b>Daisy Stout</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. W. H. Stout, Marionville, Mo</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>See list herewith</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Hypertension</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>331X</b>	
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 <b>July 29, 1956</b> to <b>July 29, 1956</b> , that I last saw the deceased alive on <b>July 29, 1956</b> , and that death occurred at <b>5:35 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>[Signature]</b>		23b. ADDRESS <b>Marionville, Mo.</b>	
23c. DATE SIGNED <b>7-30-56</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>July 31, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Odd Fellows Cem.</b>	
24d. LOCATION (City, town, or county) (State) <b>Marionville, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. B. Surridge, Marionville, Mo</b>	
DATE REC'D BY LOCAL REG. <b>7-31-56</b>		REGISTRAR'S SIGNATURE <b>Ora Mc Natt</b>	

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

157

**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 *James J. Crafton* \_\_\_\_\_

Licensed Embalmer No. *466* \_\_\_\_\_  
P. O. Address *Aurora, Ill.* \_\_\_\_\_

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.