FILED JAN 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 167

Registration District No. 15 Primary Registration District No. 5067 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY Barton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Iantha — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) At Home — Length of stay in 1b 12 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Barton
c. CITY OR TOWN Iantha — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First WALTER Middle ALLEN Last STOUT
4. DATE OF DEATH Month Jan Day 18 Year 1957
5. SEX M
6. COLOR OR RACE W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Feb 4 1884
9. AGE (In years last birthday) 72 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired- Construction-
10b. KIND OF BUSINESS OR INDUSTRY Bell Telephone Co.
11. BIRTHPLACE (City and state or country) Hannon, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME Jessie B. Stout
14. MOTHER'S MAIDEN NAME Susan Jane Lewis
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) xxx
16. SOCIAL SECURITY NO. 511-05-6752
17. INFORMANT Address Mrs. Amy Ellen Stout, Iantha, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Circulatory Failure — 5 Min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Thrombosis & Early Myocardial Infarction — 1/2 hr.
DUE TO (c) Generalized Arteriosclerosis 420 — 5 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Note:- Death was "immediate" or within 5 min. of acute attack.
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) He had never complained of Angina Pectoris. Thus no need for continuous medical care.
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Feb. 9-1954, to Jan. 18-'57 and last saw him alive on Apr. 24-'56
Death occurred at 4:30 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M. H. Knelland D.O.
22b. ADDRESS Liberal, MO.
22c. DATE SIGNED 1-19-57

23a. BURIAL, CREMATION, REMOVAL (Specify) removal
23b. DATE Jan 21 1957
23c. NAME OF CEMETERY OR CREMATORY Wichita Park
23d. LOCATION (City, town, or county) (State) Wichita, Kansas

24. FUNERAL DIRECTOR Konantz Funeral Home — ADDRESS Lamar, Mo.
25. DATE RECD. BY LOCAL REG. JAN 19 '57
26. REGISTRAR'S SIGNATURE Marie Konantz

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be issued. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student ..... Signed Norman L. Thompson

Signature of Student Embalmer

Licensed Embalmer No. 48

P. O. Address Lamar,

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