

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1977

FILED FEB 13 1957

STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. 5725 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Iowa</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Macon, Hudson TWP</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Fairfield</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Still-Hildreth Sanatorium</u>		d. STREET ADDRESS (If outside, give location) <u>413 North B. St.</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Jacob Middle W Last Stine 4. DATE OF DEATH Month January Day 28 Year 1957

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 11, 1880</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>17</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Methodist minister 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) Nashville, Michigan 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Wilson Stine 14. MOTHER'S MAIDEN NAME Alice Marsh

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Cora Stine, wife, Fairfield, Iowa

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) acute circulatory failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) coronary thrombosis arteriosclerosis DUE TO (c) manic depressive reaction, manic type
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I((a)) 4201
INTERVAL BETWEEN ONSET AND DEATH immediate
2 1/2 days
indefinite recurring

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year
a. m. p. m.

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 January 6, 1957 to January 28, 1957 and last saw him live on Jan. 28, 1957
Death occurred at 10 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deed or title) G. Edwin J. Bell, Jr. D.O. 22b. ADDRESS Macon, Missouri 22c. DATE SIGNED 1/28/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 1-28-1957 23c. NAME OF CEMETERY OR CREMATORY Behner Funeral Home 23d. LOCATION (City, town, or county) (State) Fairfield Iowa

24. FUNERAL DIRECTOR ADDRESS Macon, Mo. 25. DATE RECD. BY LOCAL REG. 1-29-57 26. REGISTRAR'S SIGNATURE Paul M Neely

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard forms. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

7. 7. 67

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 *R. Lester Bran*

Licensed Embalmer No. 44

P. O. Address *Milwaukee*

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

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.