

FILED JUN 20 1957

STANDARD CERTIFICATE OF DEATH

31 021 862

STATE FILE NUMBER

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 215

1. PLACE OF DEATH a. COUNTY MARION			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY SHELBY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HANNIDA L		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN CLARENCE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LEVERING HOSE		Length of stay in 1b 5 DAYS	d. STREET ADDRESS CLARENCE MO		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) WILLIAM ROBERT STINSON			First	Middle	Last
4. DATE OF DEATH JUNE 2 1957			Month	Day	Year
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH OCT 4 1981	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RAILROADING	10b. KIND OF BUSINESS OR INDUSTRY LABORER RAILROAD	11. BIRTHPLACE (City and state or country) MO ADAIR COUNTY	12. CITIZEN OF WHAT COUNTRY? US	13. FATHER'S NAME WILLIAM W STINSON	14. MOTHER'S MAIDEN NAME MARTHA CAMPBELL
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 767-89-6531	17. INFORMANT MRS W. R. STINSON	Address CLARENCE MO	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Apoplexy	INTERVAL BETWEEN ONSET AND DEATH
	DUE TO (b) Arteriosclerosis	DUE TO (c)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	334X
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
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 5-28-57 to 6-2-57 and last saw ^{per him} him alive on 6-2-57 Death occurred at 6:55 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.	22a. SIGNATURE (Degree or title) Dr. H. A. D. M. D.
22b. ADDRESS Hannibal MO	22c. DATE SIGNED 6-1-57	23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6-6-57	23c. NAME OF CEMETERY OR CREMATORY MAPLE WOOD CEMETERY	23d. LOCATION (City, town, or county) (State) CLARENCE MO
24. FUNERAL DIRECTOR Chas. V. Gray	ADDRESS Clarence MO	25. DATE RECD. BY LOCAL REG. 6-12-57	26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke, By W. J. Fisher		

USE ONLY BLACK INK OR RIBBON TYPEWRITER, IF POSSIBLE. Coroner cannot certify to a death due to natural causes.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUN 19 1957
MARION CO. HEALTH DEPT.
DATE FILED JUN 19 1957

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 *Charles V. Green*.....

Licensed Embalmer No. 4.....

P. O. Address *Ch...*.....

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.