

Health,
& Welfare
Public
Service

FILED NOV 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35511

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1063

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, give TOWNSHIP only) Springfield		c. CITY OR TOWN Mt. Vernon	
c. FULL NAME OF (If NOT in hospital, give location) St. John's Hosp.		d. STREET ADDRESS (If outside, give location) 12 days	
3. NAME OF DECEASED (Type or print) First ROBERT Middle STEMMONS Last SR.		4. DATE OF DEATH Month November Day 1 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 3, 1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney		10b. KIND OF BUSINESS OR INDUSTRY Law Firm	11. BIRTHPLACE (City and state or country) Bowers Mill, Missouri
13a. FATHER'S NAME Lee M. Stemmons		13b. MOTHER'S MAIDEN NAME Ida M. Adams	14. NAME OF HUSBAND OR WIFE Mrs. Dixie Stemmons
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. Unknown	17. INFORMANT Address Robert Stemmons, Jr., Mt. Vernon, 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) RHEUMATIC HEART DISEASE INACTIVE WITH AORTIC STENOSIS, MITRAL INSUFFICIENCY AND CARDIAC INSUFFICIENCY DUE TO (b) CARDIAC INSUFFICIENCY DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 410X			INTERVAL BETWEEN ONSET AND DEATH NOT KNOWN
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 _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 9-25-56 to 11-1-57 and last saw her ^{her} _{him} 4/1/57 Death occurred 11:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Blamo T. Turner		22b. ADDRESS M.D. 609 Cherry-Springfield, Mo.	22c. DATE SIGNED 11-5-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Nov 2, 1957	23c. NAME OF CEMETERY OR CREMATORY Taylor Cemetery	23d. LOCATION (City, town, or county) (State) Near, Avilla, Missouri

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

24. FUNERAL DIRECTOR Jewell E. Windle	25. DATE RECD. BY LOCAL REG. 11-6-57	26. REGISTRAR'S SIGNATURE Edith Williamson
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(Licensed Embalmer's Statement on Reverse Side)

NOV 13 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 Bernard F. Wright

- Licensed Embalmer No. 4293

P. O. Address Springfield

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.