

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1979

FILED FEB 7 1958

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 39

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| 1. PLACE OF DEATH a. COUNTY <u>Macon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Macon</u> | | c. CITY OR TOWN <u>Macon</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>11 dys</u> | | f. STREET ADDRESS (If rural, give location) <u>RR #3, Macon, Missouri</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Samaritan Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u> b. (Middle) <u>J.</u> c. (Last) <u>STOUT</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 26, 1958</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>Apr. 2, 1883</u> | 9. AGE (In years last birthday) <u>74</u> | IF UNDER 1 YEAR Months <u>9</u> Days <u>25</u> Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

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| 13a. FATHER'S NAME <u>Robert L. Stout</u> | 13b. MOTHER'S MAIDEN NAME <u>Susan Stamper</u> | 14. NAME OF HUSBAND OR WIFE <u>Elda Cooley Stout</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Elda Stout, RR #3, Macon, Mo.</u> |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH <u>few days</u> <u>sev. yrs.</u> |
| | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> | | |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-Renal-Vascular Disease</u> DUE TO (c) _____ | | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Hemorrhage sev yrs ago</u> | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) (Min) _____ | 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 Jan 9, 1958, to Jan 26, 1958, that I last saw the deceased alive on Jan 26, 1958, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Howard Dulla MD</u> | 23b. ADDRESS <u>Macon</u> | 23c. DATE SIGNED <u>1-28-58</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>1/30/1958</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Liberty Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Macon County, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>2/1/58</u> | REGISTRAR'S SIGNATURE <u>Carl M. Sneeley</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R. Gester Bram Macon, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

County File No. 258.14
Date Filed 2.6.58

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 Brown*.....

Licensed Embalmer No. 447

P. O. Address *Mason, Va.*

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.