

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-006130  
STATE FILE NUMBER

FILED FEB 24 1958

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Carthage Mo</u>		c. CITY OR TOWN <u>Carthage Mo rt4</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>McClune Brooks Hospital</u>		d. STREET ADDRESS <u>Rt4</u>	
Length of stay in, lb <u>3da</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Percy</u> Middle <u>Lee</u> Last <u>Stout</u>			4. DATE OF DEATH Month <u>Feb</u> Day <u>3</u> Year <u>1958</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>Nov 17 1916</u>		9. AGE (In years last birthday) <u>41</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gass Transport</u>		11. BIRTHPLACE (City and state or country) <u>Dade Co Mo</u>	
13. FATHER'S NAME <u>Roy Stout</u>			14. MOTHER'S MAIDEN NAME <u>Nellie M Dishop</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Army</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Esther Stout Carthage Mo rt4</u>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia, bilateral</u>		INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<u>490X</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Cerebral Vascular accident--2 weeks; Diabetes, Mel. 19 yrs</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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. _____	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from 1/16/58 to 2-3-58 and last saw him alive on 2/3/58  
Death occurred at 3:30 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Frank A. Palmer M.D.</u>	22b. ADDRESS <u>121 West 4th Carthage Mo</u>	22c. DATE SIGNED <u>2/6/58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Feb 5 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove</u>	23d. LOCATION (City, town, or county) (State) <u>Dade Co Mo</u>
24. FUNERAL DIRECTOR <u>W.R. Allison</u> ADDRESS <u>Greenfield Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2-10-58</u>	26. REGISTRAR'S SIGNATURE <u>Elly Clinton</u>

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with no natural causes. 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.

MAR 26 1958

MAR 25 1958

MAR 5 1958

MAR 13 1958

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 *W. R. Allison*

Licensed Embalmer No. 44

P. O. Address *Shreveport*

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.