

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009616
STATE FILE NUMBER

FILED MAR 24 1958

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 285

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Springfield 0390 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Hospital Length of stay in lb 2 Months		d. STREET ADDRESS (If outside, give location) #2 Box 1167 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last John Edward Stout			4. DATE OF DEATH Month Day Year 3 15 58
5. SEX Male	6. COLOR OR RACE Cau	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 17, 1873
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Retired Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Contracting	11. BIRTHPLACE (City and state or country) 0 Unionville, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME James E. Stout	
13b. MOTHER'S MAIDEN NAME Unkown		14. NAME OF HUSBAND OR WIFE Bertha Stout	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 512-07-2925	17. INFORMANT Address Bertha Stout
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia			INTERVAL BETWEEN ONSET AND DEATH 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of Bladder (Primary)			Unknown
DUE TO (c) 1810			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma of Prostate (Primary)			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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 3-4-58 to March 15, 1958 and last saw him alive on 3-14-58 Death occurred at 4:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Thomas E. Cochran, M.D. (Degree or title)		22b. ADDRESS Springfield, Mo.	22c. DATE SIGNED 3-15-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-15-58	23c. NAME OF CEMETERY OR CREMATORY Ness City Cemetery	23d. LOCATION (City, town, or county) (State) Ness City Kansas
24. FUNERAL DIRECTOR Ralph Thieme	ADDRESS Springfield, Mo.	25. DATE RECD. BY LOCAL REG. 3-18-58	26. REGISTRAR'S SIGNATURE Effie G. Melton

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *J. C. Mason*
Licensed Embalmer No. *4568*
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.