

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014628

FILED MAY 8 1958

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 4237 Registrar's No. 196

300
1-57
001

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Lyon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Raytown		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Emporia 8150 8
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6412 Kentucky		Length of stay in 1b 3 weeks	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First **Elizabeth** Middle **Stout** Last **Stout**

4. DATE OF DEATH Month **April** Day **28** Year **1958**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED NEVER MARRIED
WIDOWED DIVORCED

8. DATE OF BIRTH **Feb 5, 1896** 9. AGE (In years last birthday) **62** IF UNDER 1 YEAR Months **6** Days **2** IF UNDER 24 HRS. Hours **0** Min. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Domestic** 11. BIRTHPLACE (City and state or country) **Lyon County, Kansas** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **William Suddock** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Glenn Stout (Deceased)**

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. **None** 17. INFORMANT **Harry E. Stout** Address **Raytown, Missouri**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Coronary Occlusion**
DUE TO (b) _____
DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **History Hypertension of Heart**

INTERVAL BETWEEN ONSET AND DEATH **4201**

20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 20f. CITY, TOWN, OR LOCATION **Emporia** COUNTY **Kansas** STATE **Kansas**

21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at **9:00 A.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Lucy B. Quinn Currier** 22b. ADDRESS **1034 Walnut Blv** 22c. DATE SIGNED **4-29-58**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **April 29, 1958** 23c. NAME OF CEMETERY OR CREMATORY _____ 23d. LOCATION (City, town, or county) (State) **Emporia, Kansas**

24. FUNERAL DIRECTOR **Geo. C. Carson & Son's Indep., Mo.** ADDRESS _____ 25. DATE RECD. BY LOCAL REG. **4-29-58** 26. REGISTRAR'S SIGNATURE **James A. [Signature]**

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Vertical, coronal, etc. must use unit standard nomenclature in item 18. No symptoms will be listed. 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. H. Gibson*

Licensed Embalmer No. *4871*

P. O. Address *Indep., Mo.*

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.