

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-814693
STATE FILE NUMBER

FILED MAY 12 1958

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 91

1. PLACE OF DEATH a. COUNTY <u>Lasher</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lasher Mo</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Carthage</u>		c. CITY OR TOWN <u>Avilla</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>McCune Brooks Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>Avilla, Mo.</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Cecil Ronald Stemmons</u>			4. DATE OF DEATH Month Day Year <u>April 19, 1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>Sept. 17, 1888</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years (last birthday) Months Days Hours Min.) <u>69</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY	10c. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
11a. FATHER'S NAME <u>Napoleon S. Stemmons</u>		11b. MOTHER'S MAIDEN NAME <u>Avilla Wheeler</u>	11c. NAME OF HUSBAND OR WIFE <u>Lennie Orla Stemmons</u>
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u>		12a. SOCIAL SECURITY NO. <u>493-14-4263</u>	12b. INFORMANT <u>Mrs. Cecil R. Stemmons, Avilla, Mo.</u>
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of Lung with metastasis</u>			13. INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<u>163X</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			14. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
15a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		15b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
15c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
15d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		15e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
15f. CITY, TOWN, OR LOCATION		15g. COUNTY STATE	
16. I attended the deceased from <u>4/7/58</u> to <u>4/19/58</u> and last saw her/him alive on <u>4/19/58</u> Death occurred at <u>11:55</u> A m on the date stated above; and to the best of my knowledge, from the causes stated.			
17a. SIGNATURE <u>Charles F. Shell M. D.</u>		17b. ADDRESS <u>Carthage, Mo.</u>	
17c. DATE SIGNED <u>4/21/58</u>			
18a. BURIAL, CREMATION, REMOVAL (Specify)		18b. DATE	
<u>Burial</u>		<u>April 23, 58</u>	
18c. NAME OF CEMETERY OR CREMATORY		18d. LOCATION (City, town, or county) (State)	
<u>Avilla Cemetery</u>		<u>Avilla, Missouri</u>	
19. FUNERAL DIRECTOR ADDRESS		20. DATE RECD. BY LOCAL REG.	
<u>Ulmer Funeral Home, Carthage, Mo.</u>		<u>4-23-58</u>	
21. REGISTRAR'S SIGNATURE <u>Ely Clutter</u>			

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

County File Number 58,512
Date Filed MAY 8 1957

MAY 3 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 Edwin C. Brown

Licensed Embalmer No. 4955
P. O. Address Butte

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.