. Health,
. & Welfare
. Public
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-043188
STATE FILE NUMBER

FILED JAN 5 1959 Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 173

1. PLACE OF DEATH
a. COUNTY Barry
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Monett — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Elsie's Rest Home — Length of stay in 1b 2 Wks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Barry
c. CITY OR TOWN Monett 0051 0 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 503 9th St. — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First Grace Middle Last Stubbs

4. DATE OF DEATH Month Day Year 12-23-58

5. SEX Female
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH 12-9-1880
9. AGE (In years last birthday) 78 — IF UNDER 1 YEAR Months 0 Days 14 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY At home
11. BIRTHPLACE (City and state or country) LeClair, County, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Edward Stubbs
13b. MOTHER'S MAIDEN NAME Elizabeth Coop
14. NAME OF HUSBAND OR WIFE Never Married

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. None
17. INFORMANT Address Mrs. Anne Ryan, Monett, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchopneumonia (Hypostatic) — INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial degeneration — 2 months
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4222
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] 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 COUNTY STATE

21. I attended the deceased from 10-2-58, to 12-23-58 and last saw her/him alive on 12-23-58
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Frank Kerr MD
22b. ADDRESS Monett Mo
22c. DATE SIGNED 12-26-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12-26-1958
23c. NAME OF CEMETERY OR CREMATORY Mt.Calvary Cem.
23d. LOCATION (City, town, or county) (State) Monett, Mo.

24. FUNERAL DIRECTOR ADDRESS Mercer Funeral Home, Monett, Mo.
25. DATE RECD. BY LOCAL REG. 12-27-58
26. REGISTRAR'S SIGNATURE Mrs P.N. Cook

(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

513 0

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO.

DATE REC. 12-30-58

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 Roy H. Mercer

Licensed Embalmer No. 4432

P. O. Address Monett 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.