

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-043907  
STATE FILE NUMBER

FILED DEC 22 1958

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 120

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Howard</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Howard</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Fayette, Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Fayette</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>S. Park Addn.</b>		Length of stay in lb <b>1 yr.</b>	d. STREET ADDRESS (If outside, give location) <b>S. Park Addn.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>SOPHIE</b> Middle <b>SHIPP</b> Last <b>STEMMONS</b>			4. DATE OF DEATH Month <b>DEC.</b> Day <b>9</b> Year <b>1958</b>		
5. SEX <b>Female</b> <sup>3</sup>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 24, 1905</b> <sup>33</sup>		9. AGE (In years last birthday) IF UNDER 1 YEAR: Months <input type="checkbox"/> Days <input type="checkbox"/> IF UNDER 24 HRS.: Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Laborer</b>	11. BIRTHPLACE (City and state or country) <b>Oklahoma</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>James Bell</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Sparks</b>		14. NAME OF HUSBAND OR WIFE <b>Ira W. Stemmons</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or no or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Ira W. Stemmons Fayette, Missouri</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac decompensation</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Cardiac asthma</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) <b>4342</b>					INTERVAL BETWEEN ONSET AND DEATH <b>7 yr.</b> <b>2 yrs.</b>
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 <b>Feb 1, 1958</b> to <b>Dec 9-1958</b> and last saw her alive on <b>6-7-58</b> Death occurred at <b>Noon</b> <b>12-9-58</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Wm J. Shaw MD.</b>		22b. ADDRESS <b>Fayette Mo.</b>		22c. DATE SIGNED <b>12/12/58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>12/12/1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Fayette, Missouri</b>
24. FUNERAL DIRECTOR <b>Ralph A. Cow</b>		ADDRESS <b>Fayette, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12/22/58</b>	
				26. REGISTRAR'S SIGNATURE <b>Thomas L Durdon</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Secretary, coroner, etc., must use only stamper or nonmanipulative ink-11-18- No symptoms will be listed. All diseases in Part I must be causally related.

36  
0

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 Donald L Roberts

Licensed Embalmer No. 4722

P. O. Address Fayette, 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.