Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-046851
STATE FILE NUMBER

FILED JAN 5 1959 Registration District No. 319 Primary Registration District No. 6078 Registrar's No. 82

1. PLACE OF DEATH
a. COUNTY STE. GENEVIEVE
b. CITY OR TOWN JACKSON T.S. Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION HIGHWAY N 61 Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY SCOTT
c. CITY OR TOWN SIKESTON 1003 Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 839 TANNER (If outside, give location) Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First VERNA Middle V Last STOUT
4. DATE OF DEATH Month DEC Day 28 Year 1958
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH JUNE 3 1914
9. AGE (In years last birthday) 44 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CASHIER
10b. KIND OF BUSINESS OR INDUSTRY SUPER MARKET
11. BIRTHPLACE (City and state or country) ARK
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME WALTER ROGERS
13b. MOTHER'S MAIDEN NAME MAY CARPENTER
14. NAME OF HUSBAND OR WIFE GEORGE F. 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.
17. INFORMANT Beverly Sue Stout Address Sikeston 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) CRUSHED SKULL & CHEST
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) AUTOMOBILE UPSET DUE TO ICY ROAD
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) FALLING OUT OF CAR - CAR ROLLING OVER VICTIM
20c. TIME OF INJURY Hour 7:15 a.m. Month, Day, Year 12/28/58
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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.) HIGHWAY 61
20f. CITY, TOWN, OR LOCATION JACKSON T.S. COUNTY STE. GENEVIEVE, STATE Co. MO.

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

22a. SIGNATURE Leo C. Barber (Degree or title) coroner 3
22b. ADDRESS Ste. Genevieve Mo
22c. DATE SIGNED 12/28/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 12/31/58
23c. NAME OF CEMETERY OR CREMATORY GARDEN OF MEMORIES
23d. LOCATION (City, town, or county) SIKESTON (State) MO

24. FUNERAL DIRECTOR Welch Sikeston
ADDRESS Mo
25. DATE RECD. BY LOCAL REG. Dec. 28, 1958
26. REGISTRAR'S SIGNATURE Lucille Barber

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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FEB 2 - 1959
FEB 24 1959

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 .....

Licensed Embalmer No. 4746

P. O. Address .....

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.