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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002408

STATE FILE NUMBER

FILED FEB 3 1959 Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY Phelps.
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Rolla, Missouri — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) McFarland Rest Home — Length of stay in 1b 3 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis.
c. CITY OR TOWN Kirkwood, Missouri 4003 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) Unknown. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Alton. Middle Elsworth. Last Stites.
4. DATE OF DEATH Month Jan. Day 26, Year 1959

5. SEX Male
6. COLOR OR RACE White.
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH Sept. 5, 1882.
9. AGE (In years last birthday) 76 — 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) Resort Owner.
10b. KIND OF BUSINESS OR INDUSTRY ---------
11. BIRTHPLACE (City and state or country) Pulaski Co, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Ruben Marion Stites.
13b. MOTHER'S MAIDEN NAME Nancy Ellen Hibler.
14. NAME OF HUSBAND OR WIFE Irien Stites.

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 Oda. Stites. Address Crocker, Mo Rt. Star.

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) Arteria - sclerosis Par advanced — INTERVAL BETWEEN ONSET AND DEATH yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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) 4500
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 June 58, to Jan 26, 59 and last saw him alive on Jan 25, 59
Death occurred at 1:35. A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James M. Myers (Degree or title) M.D.
22b. ADDRESS 10th & State St. Rolla, Mo
22c. DATE SIGNED Jan 26, 1959

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 1/26/59
23c. NAME OF CEMETERY OR CREMATORY Plesant Hill Cemetery
23d. LOCATION (City, town, or county) Iberia, Missouri (State)

24. FUNERAL DIRECTOR Hedges Richland Mo ADDRESS Hedges Funeral Home Crocker, Mo
25. DATE RECD. BY LOCAL REG. Jan 26, 1959
26. REGISTRAR'S SIGNATURE Nadine L. Stoll

(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.

FEB 5 1959

Date Filed [illegible]

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 Clarence E. McS[illegible]

Licensed Embalmer No. 4896

P. O. Address Waynesville, M[illegible]

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.