

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022094

STATE FILE NUMBER

Health,
& Welfare
Public
Service

FILED JUN 22 1959 Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 59

S. 300
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Linn				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Linn				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brookfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Brookfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 320 S. Livingston			Length of stay in lb 40 years		d. STREET ADDRESS (If outside, give location) 320 S. Livingston		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) CLISTA STUFFLEBEAN				First Middle Last		4. DATE OF DEATH Month Day Year June 12, 1959		
5. SEX F		6. COLOR OR RACE W		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 30, 1892		
9. AGE (In years less birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and state or country) North Salem, Linn Co., Mo.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and state or country) North Salem, Linn Co., Mo.		12. CITIZEN OF WHAT COUNTRY? US		
13a. FATHER'S NAME George W. Packham			13b. MOTHER'S MAIDEN NAME Lizzie Stufflebean			14. NAME OF HUSBAND OR WIFE Oscar Stufflebean		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT Oscar Stufflebean, Brookfield, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE CARDIAC DILATATION						INTERVAL BETWEEN ONSET AND DEATH 1 HOUR		
DUE TO (b) ARTERIAL HYPERTENSION						YEARS.		
DUE TO (c) _____								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443X						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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 WORK <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 7-4-58 to 6-11-59 and last saw her alive on 3-16-59 Death occurred at 11:45 p m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) H. H. Potter Do.			22b. ADDRESS BROOKFIELD MO		22c. DATE SIGNED 6-13-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 14, 1959		23c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery		23d. LOCATION (City, town, or county) (State) Brookfield, Mo.		
24. FUNERAL DIRECTOR Wright Funeral Home, Brookfield, Mo.			25. DATE RECD. BY LOCAL REG. 6-13-59		26. REGISTRAR'S SIGNATURE Katharine Johnson Dep			

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 *Harold B. Wright*

Licensed Embalmer No. *3718*

P. O. Address *Brookfield, 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.