

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025751

FILED VS AUG 3 1959

Registration District No. 167 Primary Registration District No. 4256 Registrar's No. 31

STATE FILE NUMBER

DEED

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. STATE <u>Missouri</u> COUNTY <u>Johnson</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Holden</u>		Length of stay in 1b <u>lifetime</u>	c. CITY OR TOWN <u>Holden</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Holden Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>RFD #1.</u>	
3. NAME OF DECEASED (Type or print) First <u>Sarah</u> Middle <u>Davis</u> Last <u>Stumpff</u>			4. DATE OF DEATH Month <u>July</u> Day <u>24</u> , Year <u>1959</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>3-26-1899</u>	9. AGE (last birthday) <u>60</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Holden, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>US A.</u>
13a. FATHER'S NAME <u>William Wilson Howard</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Henry Beard</u>		14. NAME OF HUSBAND OR WIFE <u>James O. Stumpff</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>James O. Stumpff, Holden, Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Nephritis</u> DUE TO (b) <u>See Anasarca</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					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) <u>Chronic Atrophic Arthritis</u>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____ a.m. _____ p.m. Month, Day, Year _____	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 <u>5/15/56</u> to <u>7/24/59</u> and last saw her <u>him</u> alive on <u>7/24/59</u> Death occurred at <u>2 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Kelly Rawlins M.D.</u>			22b. ADDRESS <u>Holden Mo</u>		22c. DATE SIGNED <u>7/26/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>7-29-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Holden Cemetery</u>		23d. LOCATION (City, town, or county) <u>Holden Mo.</u>	
24. FUNERAL DIRECTOR <u>E B CAST</u>		ADDRESS <u>HOLDEN MO</u>	25. DATE RECD. BY LOCAL REG. <u>7-27-59</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. H. V. Redford</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

RE 200 701

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *S. B. Carr*

Licensed Embalmer No. 4059

P. O. Address Holden, Va.

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.

Robert M. D. Carr RE 701