

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025892

FILED VS. JUL 29 1959

Registration District No. 287 Primary Registration District No. _____ Registrar's No. 167

STATE FILE NUMBER

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Livingston</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Florida</u> b. COUNTY <u>Pinellas</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fairview township</u> | | Length of stay in 1b <u>2 days</u> | c. CITY OR TOWN <u>Clearwater</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rural</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (if outside, give location) <u>1950-U.S.19 N.</u> |
| 3. NAME OF DECEASED First Middle Last <u>RICHARD WATSON STUBBLEFIELD</u> | | | 4. DATE OF DEATH Month Day Year <u>July 17, 1959</u> |
| 5. SEX <u>Male</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>1/8/91</u> |
| 9. AGE (last birthday) <u>68</u> | | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Express agent</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Railway express</u> | 11. BIRTHPLACE (City and state or country) <u>Ruston, La.</u> |
| 13a. FATHER'S NAME <u>Rufus Stubblefield</u> | | 13b. MOTHER'S MAIDEN NAME <u>Jamie Reid</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |
| 14. NAME OF HUSBAND OR WIFE <u>Letha Stubblefield</u> | | 17. INFORMANT Address <u>Clearwater, Fla.</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W.I</u> | | 16. SOCIAL SECURITY NO. <u>714-07-0160</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>Coronary Occlusion</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>20 Minutes</u> |
| 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) | | | 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 checked="" 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>home</u> to _____ and saw him alive on <u>July 17, 59</u> Death occurred at <u>2 A.</u> m on the date stated above, and to the best of my knowledge from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Joseph A. Conrad M.D. (Coroner)</u> | | 22b. ADDRESS <u>Chillicothe, Mo</u> | 22c. DATE SIGNED <u>July 17, 59</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>7/18/59</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Fair Hope, Ala.</u> | 23d. LOCATION (City, town, or county) (State) |
| 24. FUNERAL DIRECTOR <u>Donald Gordon, Chillicothe, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>7/17/59</u> | 26. REGISTRAR'S SIGNATURE <u>Frances B Neill</u> | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFRAVIT OF

325 8 1959

AUG 5 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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald Jordan

Licensed Embalmer No. 4191

P. O. Address Chillicothe

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.