

Health,
& Welfare
Public
Service

FILED VS OCT 13 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-032785

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 471

S. 300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Joplin</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Joplin</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. John's</u>		Length of stay in lb <u>Lifetime</u>	d. STREET ADDRESS (If outside, give location) <u>2702 East 11th</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>GARY</u> Middle <u>MICHAEL</u> Last <u>STUBBLEFIELD</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>26</u> Year <u>1959</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 8, 1942</u>	9. AGE (In years last birthday) <u>17</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Joplin, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Paul Stubblefield</u>		13b. MOTHER'S MAIDEN NAME <u>Violet Foster</u>		14. NAME OF HUSBAND OR WIFE <u>None</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>494-44-7719</u>	17. INFORMANT <u>Paul Stubblefield</u> Address <u>Joplin, Missouri</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>Severe head injury.</u> <u>Automobile accident</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Automobile accident</u> DUE TO (c) <u> </u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u> </u>					INTERVAL BETWEEN ONSET AND DEATH. <u>About 1 hr.</u>
20a. ACCIDENT <input checked="" 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.) <u>Automobile accident</u>			
20c. TIME OF INJURY <u>11:40</u> p.m. Hour <u>11</u> Month <u>9</u> Day <u>25</u> Year <u>59</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		20f. CITY, TOWN, OR LOCATION <u>Joplin</u>		COUNTY <u>Jasper</u>	STATE <u>Mo.</u>
21. I attended the deceased from <u>9-26-59</u> , to <u>9-26-59</u> , last saw him alive on <u>9-26-59</u> . Death occurred at <u>12:38 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>B. E. DeTang, M.D.</u> (Degree or title)			22b. ADDRESS <u>410 Jackson, Joplin, Mo.</u>		22c. DATE SIGNED <u>9-30-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Sept. 28, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Forest Park</u>		23d. LOCATION (City, town, or county) (State) <u>Joplin, Missouri</u>	
24. FUNERAL DIRECTOR <u>Thornhill-Dillon</u> ADDRESS <u>Joplin, Missouri</u>			25. DATE RECD. BY LOCAL REG. <u>10-7-1959</u>	26. REGISTRAR'S SIGNATURE <u>Dora Merriam</u>	

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 *Robert C. Keller*

Licensed Embalmer No. *5062*

P. O. Address *Yonkers, N.Y.*

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.