

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 3 6 5 1

FILED VS DEC 3 0 1959 #67

Registration District No. 67 Primary Registration District No. 5261 Registrar's No. 19

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <u>Christian</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Christian</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Garrison</u>		Length of stay in 1b <u>79 years</u>		c. CITY OR TOWN <u>Garrison</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>Residence</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>no street address</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>Francis</u> Last <u>Stinnett</u>				4. DATE OF DEATH Month <u>December</u> Day <u>19</u> Year <u>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>May 22, 1880</u>	9. AGE (last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>		11. BIRTHPLACE (City and state or country) <u>Taney County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>James M. Stinnett</u>			13b. MOTHER'S MAIDEN NAME <u>Mira Jones</u>			14. NAME OF HUSBAND OR WIFE <u>Cora Farwell</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 Address <u>Mrs. Cora Stinnett, Garrison, 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>Thrombosis, coronary, acute</u> DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>Coronary happening for 1 1/2 yrs. known</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>old cerebrovascular accident, Mumps</u>							INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u> <u>unknown known type.</u>	
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.)			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			
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u>	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>15 July 1958</u> to <u>19 Dec 1959</u> and last saw her/him alive on <u>31 Nov 1959</u> . Death occurred at <u>9:00 a.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>J. D. Rogers M.D.</u> (Degree or title)				22b. ADDRESS <u>Garrison, Mo</u>			22c. DATE SIGNED <u>12/24/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12/22/1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Garrison Cemetery</u>		23d. LOCATION (City, town, or county) <u>Garrison, Missouri</u>		(State)		
24. FUNERAL DIRECTOR <u>J. Dean Harris, Clever, Missouri</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>12/26/59</u>		26. REGISTRAR'S SIGNATURE <u>Nannal Day</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____

J. Alan Harris

Licensed Embalmer No. 4390

P. O. Address Cleary, N

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.