

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012399

STATE FILE NUMBER

AMENDED

Registration District No. 374 Primary Registration District No. 4547 Registrar's No. 6

FILED MAR 28 1961

1. PLACE OF DEATH a. COUNTY Worth		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Worth	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Grant City, Missouri		Length of stay in 1b 8 months	c. CITY OR TOWN Grant City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Glens Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Albert Middle Stabe Last Stabe			4. DATE OF DEATH Month March Day 16, Year 1961
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-12-1871
9. AGE (last birthday) 89		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm Owner	11. BIRTHPLACE (City and state or country) Worth County, Missouri
12. CITIZEN OF WHAT COUNTRY U. S.		13a. FATHER'S NAME Henry Stabe	
13b. MOTHER'S MAIDEN NAME Barbara Hagg		14. NAME OF HUSBAND OR WIFE Cora Dean Stabe	
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 Glee V. Stabe - Grant City, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL FAILURE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CORONARY OCCLUSION DUE TO (c) ARTERIOSCLEROSIS			INTERVAL BETWEEN ONSET AND DEATH NONE NONE YEARS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) MYOCARDIAL DECOMPENSATION ONE YEAR.			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 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 1952 to MAR 14, 1961 and last saw her alive on MARCH 14, 1961 Death occurred at 9:30 P on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Richard J. Shuffield (Degree or title)		22b. ADDRESS GRANT CITY MO.	22c. DATE SIGNED 3-19-61
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 3-19-1961	23c. NAME OF CEMETERY OR CREMATORY Fletcher Cemetery	23d. LOCATION (City, town, or county) (State) Worth County, Missouri
24. FUNERAL DIRECTOR Bild Dyke - Grant City, Mo.		25. DATE RECD. BY LOCAL REG. March 23, 1961	26. REGISTRAR'S SIGNATURE Kate E. Dawson

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

Student _____
Signature of Student Embalmer

Signed Bill A. Dunfee

Licensed Embalmer No. 4908

P. O. Address Grant City

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.