

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020217

AMENDED

Registration District No. 374

Primary Registration District No. 4647

Registrar's No. 13

STATE FILE NUMBER

## 1. PLACE OF DEATH

a. COUNTY **Worth**b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN **Grant City**Length of stay in 1b  
**5 Months**c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION **Grant City Nursing Home**Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY **Worth**c. CITY  
OR  
TOWN **Grant City**Inside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS (If outside, give location)Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First  
**Clyde**Middle  
**Ray**Last  
**Stabe**4. DATE  
OF  
DEATH **May 25, 1961**5. SEX  
**Male**6. COLOR OR RACE  
**White**7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
**1-25-1885**9. AGE (last birthday)  
**76**IF UNDER 1 YEAR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
**Retired State worker**10b. KIND OF BUSINESS OR INDUSTRY  
**Highway**11. BIRTHPLACE (City and state or country)  
**Worth County**12. CITIZEN OF WHAT COUNTRY  
**U. S.**

## 13a. FATHER'S NAME

**William Stabe**

## 13b. MOTHER'S MAIDEN NAME

**Martha Bowen**

## 14. NAME OF HUSBAND OR WIFE

**Mary Margaret 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.

**500-07-7450**

## 17. INFORMANT

**Mrs. Mary Margaret Stabe-Grant City, Mo.**

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

**Cerebral Hemorrhage**INTERVAL BETWEEN  
ONSET AND DEATH  
**1 hr**Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

**Arteriosclerosis, generalized with  
prior cerebral vascular accidents**

## 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.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year  
p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐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 **1950** to **May 25, 61** and last saw her alive on **25 May 61**  
Death occurred at **4am** on the date stated above, and to the best of my knowledge, from the causes stated.

SIGNATURE (Degree or title)

**Frank B. Matteson M.D.**

## 22b. ADDRESS

**Grant City, Mo**

22c. DATE SIGNED

**5/26/61**23a. BURIAL, CREMATION,  
REMOVAL (Specify)**burial**

## 23b. DATE

**5-27-1961**

## 23c. NAME OF CEMETERY OR CREMATORY

**Fletcher Cemetery**

## 23d. LOCATION (City, town, or county)

**Worth County, Missouri**

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

**Bill Dwyer, S.C., Mo.**

## 25. DATE RECD. BY LOCAL REG.

**May 31, 1961**

## 26. REGISTRAR'S SIGNATURE

**Rita E. Dawson**

(Licensed Embalmer's Statement on Reverse Side)

**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 Will A. Dunfee

Licensed Embalmer No. 4908

P. O. Address E. C., Miss.

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.