

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-023721
STATE FILE NUMBER

FILED JUL 9 1967
Registration District No. 240 Primary Registration District No. 6152 Registrar's No. 53

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY <i>Stoddard</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Stoddard</i>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Dexter</i>		Length of stay in 1b		c. CITY OR TOWN <i>Dexter</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <i>Green Meadows Rest Home</i>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>R. F. D. #1</i>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>Florence</i> Middle <i>Bell</i> Last <i>Sting</i>				4. DATE OF DEATH Month <i>June</i> Day <i>30</i> Year <i>1967</i>					
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>10-29-1874</i>		9. AGE (last birthday) <i>86</i>	
						IF UNDER 1 YEAR Month <i>8</i> Day		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired housekeeper</i>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Richmond, Virginia</i>		12. CITIZEN OF WHAT COUNTRY <i>U. S. A.</i>		
13a. FATHER'S NAME <i>William Ferguson</i>			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE <i>W. M. Sting (Deceased)</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>			16. SOCIAL SECURITY NO.		17. INFORMANT Address <i>Joe Sting, Dexter, Missouri</i>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Gangrene of left foot.</i> DUE TO (b) <i>Arteriosclerosis.</i> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH <i>2 months</i> <i>6 years</i>	
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 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 a.m. 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 <i>June 3rd 1952</i> to <i>June 30, 1961</i> and last saw her ^{her} alive on <i>June 30, 1961</i> Death occurred at <i>6:55 P. M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>L. H. Pae</i> (Degree or title) <i>LOO</i>				22b. ADDRESS <i>L. H. Pae</i>				22c. DATE SIGNED <i>7/3/61</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>7-2-61</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Dexter</i>		23d. LOCATION (City, town, or county) <i>Dexter, Missouri</i> (State)			
24. FUNERAL DIRECTOR <i>Rainey Funeral Home, Dexter, Mo.</i>			ADDRESS		25. DATE RCD. BY LOCAL REG. <i>7/5/61</i>		25. REGISTRAR'S SIGNATURE <i>Velma T. Jenkins</i>		

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 Lucille Rainey

Licensed Embalmer No. 4983

P. O. Address Deyston

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.