MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022527
STATE FILE NUMBER

Registration District No. 114 Primary Registration District No. 4186 Registrar's No. 45

FILED JUL 11 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0363
2 0363
3 2
4 1
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12 90-0
13 4-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Sullivan — Length of stay in 1b: 30 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 420 Elm — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Franklin
c. CITY OR TOWN: Sullivan — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 420 Elm — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Myrtle Middle Flossie Last Stout

4. DATE OF DEATH: Month July 4, Day 1962 Year

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 4/20/1880
9. AGE (last birthday): 82 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ---------
11. BIRTHPLACE (City and state or country): Bluffton, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A

13a. FATHER'S NAME: Henry Hinkle
13b. MOTHER'S MAIDEN NAME: Ellen Franklin
14. NAME OF HUSBAND OR WIFE: John Stout

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ------
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Helen Farrar, Address: Maplewood 17, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocarditis. — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs -
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Senility, & Hypertension
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 ☐ Unknown

19. 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. p.m. Month, Day, Year
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 Apr. 1961 to 7/4/62 and last saw her/him alive on July 3, 1962
Death occurred at July 4 2 P.m on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title): R P Royse MD
22b. ADDRESS: 316 Elm St. Sullivan Mo
22c. DATE SIGNED: 7/6/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: July 6, 1962
23c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cem.
23d. LOCATION (City, town, or county) (State): Sullivan, Mo.

24. FUNERAL DIRECTOR ADDRESS: H.M. Eaton, Sullivan, Mo.
25. DATE RECD. BY LOCAL REG.: 7-6-1962
26. REGISTRAR'S SIGNATURE: William Cowan

(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_____ Signed Harrison W. Eaton

Signature of Student Embalmer

Licensed Embalmer No. 5066

P. O. Address Sullivan, Mo.

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.