

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-047797

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 243 Primary Registration District No. 4264 Registrar's No. 71

FILED JAN 3 1963		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Newton		a. STATE Missouri COUNTY McDonald	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stella,		Length of stay in 1b 1 month	c. CITY OR TOWN Noel,
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cardwell Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rt. # 2
3. NAME OF DECEASED (Type or print) First Luke Middle H. Last Stiles		4. DATE OF DEATH Month Nov. Day 3 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-11-65
9. AGE (last birthday) 66	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) Railroad		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Bentonville, Ark.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME William Stiles	
13b. MOTHER'S MAIDEN NAME Joanna Heatwick		14. NAME OF HUSBAND OR WIFE Hazel Stiles	
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. 	17. INFORMANT Address Mrs. Hazel Stiles, Noel, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) medullary failure			1 hr
DUE TO (b) anoxia			
DUE TO (c) cerebral hemorrhage			1 week
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) atherosclerosis			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 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 1957 to Nov 3/62 and last saw him alive on Nov 3 62			
Death occurred at 12 on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) D.D. Fountain D.O.		22b. ADDRESS Noel, Mo	22c. DATE SIGNED Nov 19/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-3-1962	23c. NAME OF CEMETERY OR CREMATORY Noel Cemetery	23d. LOCATION (City, town, or county) (State) Noel, Missouri
24. FUNERAL DIRECTOR ADDRESS Downey-Woodard-Mooney, Noel, Mo.		25. DATE RECD. BY LOCAL REG. 11-23-62	26. REGISTRAR'S SIGNATURE Medree Moberly

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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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 *Wayne A. Marshall*

Licensed Embalmer No. 5172

P. O. Address Neel, 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.