

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029443

STATE FILE NUMBER

FILED SEP 3 1958

Registration District No.

157

Primary Registration District No.

3028

Registrar's No.

161

1. PLACE OF DEATH

a. COUNTY

Jasper

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

a. STATE

Missouri

b. COUNTY

Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Carthage

Inside Limits

Yes ☒ No ☐

c. CITY
OR TOWN

Carthage

0493

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

310 Fulton

Length of stay in 1b

40 yrs.

d. STREET ADDRESS (If outside, give location)

310 Fulton

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Lela

Middle

May

Last

Stemmons

4. DATE OF DEATH

Month

Day

Year

August 26, 1958

5. SEX

Female

6. COLOR OR RACE

White

7. MARRIED ☐ NEVER MARRIED ☒
WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH

June 6, 1895

9. AGE (In years last birthday)

63

IF UNDER 1 YEAR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

art house owner

10b. KIND OF BUSINESS OR INDUSTRY

charity work

11. BIRTHPLACE (City and state or country)

Avilla, Missouri

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

John J. Stemmons

13b. MOTHER'S MAIDEN NAME

Fidelia Hall

14. NAME OF HUSBAND OR WIFE

Carthage, Mo

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

Mrs. J. W. Gilbreath, 416 E. Highland

Address

Carthage, 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)

Acute Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH

1 hour

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Hypertensive Cardiovascular Disease

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 o.m. 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 March 1, 1957 to Aug. 26, 1958 and last saw him alive on August 26, 1958

Death occurred at 10:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceased or title)

Richard R. Coyle M. D.

22b. ADDRESS

Carthage, Mo.

22c. DATE SIGNED

8-27-58

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

8-31-1958

23c. NAME OF CEMETERY OR CREMATORY

Avilla Cemetery

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

Avilla, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Knell Mortuary, Carthage, Mo.

25. DATE RECD. BY LOCAL REG.

8-31-58

26. REGISTRAR'S SIGNATURE

W. Clinton

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 O. L. Isbell

Licensed Embalmer No. 4970
P. O. Address Carthage, 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.