

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

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1-57

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| 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 <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Carthage 0493 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 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 <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Lela Middle May Last Stemmons | | | 4. DATE OF DEATH Month August Day 26 Year 1958 | | |
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| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH June 6, 1895 | 9. AGE (In years last birthday) 63 | IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0 | IF UNDER 24 HRS. Hours 0 Min. 0 |
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| 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 chartrments | 11. BIRTHPLACE (City and state or country) Avilla, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME John J. Stemmons | 13b. MOTHER'S MAIDEN NAME Fidelia Hall | 14. NAME OF HUSBAND OR WIFE Carthage, Mo |
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| 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 |
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| 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 |
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| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) _____ | 4201 |
| | DUE TO (c) _____ | |

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| 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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.) |
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| 20c. TIME OF INJURY Hour _____ o.m. _____ p.m. | 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 _____ |
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| 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. |
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| 22a. SIGNATURE Richard R. Cole (Deed to or title) M. D. | 22b. ADDRESS Carthage, Mo. | 22c. DATE SIGNED 8-27-58 |
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| 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) (State) Avilla, Mo. |
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| 24. FUNERAL DIRECTOR Knell Mortuary, Carthage, Mo. | ADDRESS | 25. DATE RECD. BY LOCAL REG. 8-31-58 | 26. REGISTRAR'S SIGNATURE WJ Clinton |
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.