

FILED APR 19 1950

STANDARD CERTIFICATE OF DEATH

12484
State File No.

0350
1

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 105 PRIMARY REG. DIST. NO. 4177 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>TOWN CLARKTON</u>	c. LENGTH OF STAY (In this place) <u>1 Mo.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Gideon (Rural)</u> <u>0720</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u> b. (Middle) <u>-</u> c. (Last) <u>STALLIONS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-8-1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>6/29/1890</u>
9. AGE (In years last birthday) <u>59</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Jim Stallions</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Dye</u>	14. NAME OF HUSBAND OR WIFE <u>Eunice Stallions</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>498-24-4159</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Eunice Stallions</u> ADDRESS <u>Clarkton</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial Failure</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>concomitant of long</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>163X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept 1, 1899</u> , to <u>Jan 30, 1950</u> , that I last saw the deceased alive on <u>1-30, 1950</u> , and that death occurred at <u>6:56 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. H. Hopkins, M.D.</u> (Degree or title)		23b. ADDRESS <u>Gideon, Mo</u>	
23c. DATE SIGNED <u>3-23-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-II-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Stanfield</u>		24d. LOCATION (City, town, or county) (State) <u>Near Clarkton Mo</u>	
DATE REC'D BY LOCAL REG. <u>3/24/50</u>		REGISTRAR'S SIGNATURE <u>Marguerite Stange</u> <u>440</u>	
25. FEDERAL DIRECTOR'S SIGNATURE <u>Glenn Russell Lygott, Ark.</u>		ADDRESS	

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 3-28-50.....
COUNTY FILE NUMBER 350-110

APR 1 1950

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.