

AUG 25 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

25950

Do not use this space.

1. PLACE OF DEATH

(a) County Moniteau Registration District No. 576
 (b) Township Harrison Primary Registration District No. 57730 Registered No. 36
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Stellie L. Opie

(a) Residence, No. Enon, Mo. R.R. #1 St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laymond Opie
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 8th, 1895
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
42 9 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Linn Creek (STATE OR COUNTRY) Missouri

13. NAME Samuel Scott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

15. MAIDEN NAME Mary Williamson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Laymond Opie (ADDRESS) Enon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Gray Cem. DATE July 17th, 1938

19. FUNERAL DIRECTOR (NAME) G. N. Steffens (ADDRESS) Russellville, Mo.

20. FILED 7/17 1938 Jewell R. Phillips Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16th, 1938 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1937, to July 16, 1938
 I last saw her alive on June 17, 1938. Death is said to have occurred on the date stated above, at 5-0 A.M.
 The principal cause of death and related causes of importance were as follows:

Paralytic Stroke

Date of onset

Other contributory causes of importance:

Cerebral Hemorrhage

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____ (Signed) Dr. R. E. Weaver M. D.
Russellville, Mo. (Address)

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

Registered Apprentice No....., working under my personal supervision.

Signed.....

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, above space should be left blank.