FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 15 1948

Registration District No. 38

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18693

Primary Registration District No. 3006

Registrar's No. 180

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

1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Columbia Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Welfare Home 4 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 yr. 9 mo. (Specify whether years, months or days) In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cole 26
(c) City or town: Jefferson city Mo. (If outside city or town limits, write "RURAL") 5
(d) Street No.: 114 E. Height St. (If rural, give location) 4
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country:

3. (a) PRINT FULL NAME: Gus Stathas
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: S
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May (Month) 21 (Day) 1882 (Year)

8. AGE: Years 68 | Months 1 | Days 9 | If less than one day: hr. min.

9. Birthplace: Cotoasoo Corinth (City, town, or county) Greece (State or foreign country)
10. Usual occupation: Candy Maker
11. Industry or business:
FATHER
12. Name: George Stathas
13. Birthplace: Unknown (City, town, or county) Greece (State or foreign country)
MOTHER
14. Maiden name:
15. Birthplace: Unknown (City, town, or county) Greece (State or foreign country)
16. (a) Informant: John Zarkos
(b) Address: Jefferson City, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 2 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Jefferson City Mo
18. (a) Signature of funeral director: Carlos Brischer
(b) Address: Jefferson City, Mo
19. (a) 7-2-48 (Date received local registrar) (b) Mrs R. E. Palmer (Registrar's signature) 31

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 30 year: 48 hour: 500 A M minute: M.
21. I hereby certify that I attended the deceased from: for past year, to: 19..; that I last saw him alive on: 27th June 1948. and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac failure	
Due to: Hypertension	
Due to: arterio sclerosis.	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 0
Of autopsy:

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify):
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury: 2

23. Signature: James D. Miller (M. D. or other) M.D.
Address: 227 Jefferson St. Date signed: 30 June 48.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUL 14 1948

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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City

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.