

FILED JUL 26 1948

Registration District No. 299

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6027

State File No. 23939

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Reynolds  
(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2 miles southwest of Corridon  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 10 years  
years, months or days

3. (a) PRINT FULL NAME Charles Joel Stahl

3. (b) If veteran, name war no 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Adela Stahl 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased February 2 1880  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>5</u>	<u>2</u>	hr. _____ min. _____

9. Birthplace Sweden 4  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

12. Name Charles Stahl 1

13. Birthplace Sweden (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Adela Stahl

(b) Address Corridan Missouri

17. (a) burial (b) Date thereof 7-6-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Reynolds Mo.

18. (a) Signature of funeral director: White Funeral Home

(b) Address 217 West Ironton Missouri

19. (a) 7/3/48 (b) E. M. H. H. H. H. H.  
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Reynolds 90  
(c) City or town Rural (If outside city or town limits, write "RURAL")  
(d) Street No. 2 miles southwest of Corridon  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4  
year 1948 hour 6 minute 00 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Coronary Thrombosis

Due to Angina Pectoris

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_ ATW

Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to 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? \_\_\_\_\_

While at work? (Specify type of place) \_\_\_\_\_ Means of injury 2

23. Signature J. R. Pythel (M. D. or other) \_\_\_\_\_

Address Centerville Mo. Date signed July 6-48

MOTHER FATHER

SEP 16 1948

RECEIVED 7-19-48  
District Health Officer No. 5,  
District File Number 748470  
Date Filed 7-19-48

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..... *Amel J White* .....

Licensed Embalmer No. 3012

P. O. Address *Houston Tex*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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