No. 300
10.46

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

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

FILED MAY 12 1949

State File No. 13388

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 5965 Registrar's No. 30

**1. PLACE OF DEATH**
a. COUNTY: Platte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural- Preston
c. LENGTH OF STAY (in this place): 40 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Platte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural- Preston
d. STREET ADDRESS (If rural, give location):

**3. NAME OF DECEASED** (Type or Print)
a. (First): William
b. (Middle): Stobaugh
c. (Last):

**4. DATE OF DEATH** (Month) (Day) (Year): 4-29-49

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: 12-14-1876
**9. AGE** (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farming
**10b. KIND OF BUSINESS OR INDUSTRY**: Farm
**11. BIRTHPLACE** (State or foreign country): Platte County, Mo.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.

**13a. FATHER'S NAME**: Oliver Martin Stobaugh
**13b. MOTHER'S MAIDEN NAME**: Mary Alice Cannon
**14. NAME OF HUSBAND OR WIFE**: Fannie Stobaugh

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown)
(If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: none
**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: Mrs. Fannie Stobaugh, Edgerton Mo.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Ch. Myocardial Degeneration — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*
4322

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☐

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 1-13, 1949, *to* 4-29, 1949, *that I last saw the deceased alive on* 4-23, 1949, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

**23a. SIGNATURE**: E B Hobbs
(Degree or title): MD
**23b. ADDRESS**: Smithville Mo
**23c. DATE SIGNED**: 4-30-49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): burial
**24b. DATE**: 5/1/49
**24c. NAME OF CEMETERY OR CREMATORY**: Ridgley Cemetery
**24d. LOCATION** (City, town, or county) (State): Edgerton, Mo.

**DATE REC'D BY LOCAL REG.**: 4-30-49
**REGISTRAR'S SIGNATURE**: Ophia Rollins
**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: Rollins & Nash, Edgerton Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAY 11
District Health Officer No. 8,

District File Number _____

Date Filed 5-11-49

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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 _____
Student Embalmer

Signed Virgil Rollins Nash

Licensed Embalmer No. 3947

P. O. Address Edgerton, 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 this body is not embalmed, fact should be so stated above.