

FILED MAY 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18468

No. 300  
10-48

12  
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BIRTH NO. _____		REG. DIST. NO. <u>372</u>		PRIMARY REG. DIST. NO. <u>4545</u>		Registrar's No. <u>28</u>	
1. PLACE OF DEATH a. COUNTY <u>Webster</u>				2. USUAL RESIDENCE. (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshfield</u>		c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshfield</u>		d. STREET ADDRESS (If rural, give location) <u>X</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>X</u>				d. STREET ADDRESS (If rural, give location) <u>X</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jess</u> b. (Middle) <u>-</u> c. (Last) <u>Elwood Stahlman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY-8-1949</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>June-6-1886</u>	
9. AGE (In years last birthday) <u>62</u>		if UNDER 1 YEAR Months <u>X</u> Days <u>X</u>		if UNDER 1 MIN. Hours <u>X</u> Min. <u>X</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Building laborer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Samuel H Stahlman</u>			13b. MOTHER'S MAIDEN NAME <u>Mary E. Camp</u>		14. NAME OF HUSBAND OR WIFE <u>Maggie Stahlman</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Maggie Stahlman</u> ADDRESS <u>Marshfield, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 da.</u> ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Insufficiency</u> DUE TO (c) <u>Cerebral Hemorrhage</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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>4/1, 1947</u> to <u>5/8, 1949</u> , that I last saw the deceased alive on <u>5/8, 1949</u> , and that death occurred at <u>8:30 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Her Bleier, M.D.</u>			23b. ADDRESS <u>Marshfield, Mo.</u>		23c. DATE SIGNED <u>5/13/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May-10-'49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Marshfield</u>		24d. LOCATION (City, town, or county) (State) <u>Marshfield, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5/18/49</u>		REGISTRAR'S SIGNATURE <u>Francis J. ...</u> <u>392</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jess J. Jolley</u> ADDRESS <u>Marshfield, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6;

District File Number 549-593

Date Filed 5-23-49

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.

Signed Rex Rainey

Signed.....  
Student Embalmer

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.