S. No. 500
10.48

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

FILED SEP 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32770

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 6179 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: SULLIVAN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOYNTON - JACKSON Twp.
c. LENGTH OF STAY (In this place): 46 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOME IN BOYNTON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: SULLIVAN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOYNTON
d. STREET ADDRESS (If rural, give location): NO STREET ADDRESS

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) — c. (Last) STUTLER
4. DATE OF DEATH (Month) (Day) (Year): SEPT., 14, 1949
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: AUGUST 14, 1858
9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months — Days — IF UNDER 1 DAY: Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: GEN. FARMING
11. BIRTHPLACE (State or foreign country): WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: JOSIAH STUTLER
13b. MOTHER'S MAIDEN NAME: REBECCA GOFF
14. NAME OF HUSBAND OR WIFE: MINNIE L. STUTLER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: DON'T KNOW
17. INFORMANT'S SIGNATURE OR NAME: Lucy O. Schnelle ADDRESS: Pollock 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) valvular & arteriosclerotic Heart Dis. — INTERVAL BETWEEN ONSET AND DEATH: unknown

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.* Hypertension, Senility. — 4200

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): 0
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* Aug 20, 1949, *to* Sept. 14, 1949, *that I last saw the deceased alive on* Sept 8, 1949, *and that death occurred at* 9:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. S. Montgomery (Degree or title) M.D.
23b. ADDRESS: Milan Mo.
23c. DATE SIGNED: Sept. 17, 1949

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: SEPT. 17, 1949
24c. NAME OF CEMETERY OR CREMATORY: OAK WOOD CEMETERY
24d. LOCATION (City, town, or county) (State): MILAN, MO.

DATE REC'D BY LOCAL REG.: Sept. 20 - 1949
REGISTRAR'S SIGNATURE: Mrs. H. B. Harris 320
25. FUNERAL DIRECTOR'S SIGNATURE: Glenn E. Kent & Son ADDRESS: Green City, Mo

(Licensed Embalmer's Statement on Reverse Side)

DEC 1 1949

JUN 20 1950

RECEIVED SEP 26 1949
District Health Officer No.
District File Number 9-49-16
Date Filed SEP 26 1949

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 Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.