

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **16531**

FILED JUN 2 1950

402

BIRTH NO. _____		REG. DIST. NO. <b>132</b>		PRIMARY REG. DIST. NO. <b>3021</b>		Registrar's No. <b>63</b>	
1. PLACE OF DEATH a. COUNTY <b>GRUNDY</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO. GRUNDY</b> b. COUNTY <b>GRUNDY</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>TRENTON</b>		c. LENGTH OF STAY (in this place) <b>0402</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>TRENTON</b>		d. STREET ADDRESS (If rural, give location) <b>712 E 9<sup>th</sup> COURT ST.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>712 E 9<sup>th</sup> COURT ST.</b>				d. STREET ADDRESS (If rural, give location) <b>712 E 9<sup>th</sup> COURT ST.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b>		b. (Middle) <b>ARTHUR</b>		c. (Last) <b>STOTTLEMYRE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 27-1950</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>DEC-19-1872</b>	
9. AGE (In years last birthday) <b>77</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>WEST VIRGINIA</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>WEST VIRGINIA</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>DAVID STOTTLEMYRE</b>		13b. MOTHER'S MAIDEN NAME <b>CLARA KENDALL</b>		14. NAME OF HUSBAND OR WIFE <b>SEBRINA STOTTLEMYRE</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>DEWEY STOTTLEMYRE TRENTON MO</b>			
18. AGE 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio Sclerosis</b>  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.				INTERVAL BETWEEN ONSET AND DEATH <b>6 mos</b>  <b>1500</b>	
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 <b>Feb 4</b> , 19 <b>50</b> , to <b>Apr 27</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>Apr 26</b> , 19 <b>50</b> , and that death occurred at <b>2:25 Am.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>E. A. Duffy M.D.</b>		23b. ADDRESS <b>Trenton Mo</b>		23c. DATE SIGNED <b>Apr 28 50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>APRIL-29-1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>HALF ROCK CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>HALF ROCK MO.</b>	
DATE REC'D BY LOCAL REG. <b>April 28 50</b>		REGISTRAR'S SIGNATURE <b>Jane Dawson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Schleser Funeral Home</b>		ADDRESS <b>Spickard Mo.</b>	

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



**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Ross Wise*

Signed.....

Student Embalmer

Licensed Embalmer No. 2771

P. O. Address Spickard 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.