

FILED FEB 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1750

BIRTH NO. _____		REG. DIST. NO. 181		PRIMARY REG. DIST. NO. 4293		Registrar's No. 2	
1. PLACE OF DEATH a. COUNTY Lincoln				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lincoln			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ELSBERRY MO.		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elsberry		057	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) GEBHART c. (Last) STIRMLINGER			4. DATE OF DEATH (Month) (Day) (Year) Jan 25 - 1951				
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 5-19-1896		9. AGE (in years last birthday) 74	10. UNDER 1 YEAR 8	11. UNDER 1 HR. 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired			10b. KIND OF BUSINESS OR INDUSTRY farmer		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Gebhart Stirmlinger			13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Eddie Stirmlinger		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. James Stirmlinger			
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) CORONARY OCCLUSION - 1 Day ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) COR. MYOCARDITIS 4 YRS DUE TO (c) HESS - HYPERTENSION 4 YRS II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201					INTERVAL BETWEEN ONSET AND DEATH
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 1-25, 1951, to 1-25, 1951, that I last saw the deceased alive on 1-25, 1951, and that death occurred at 10:05 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M. D.			23b. ADDRESS Elsberry, Mo			23c. DATE SIGNED 1/26/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 28 - 1951	24c. NAME OF CEMETERY OR CREMATORY Elsberry Cemetery		24d. LOCATION (City, town, or county) (State) Elsberry, Mo		
DATE REC'D BY LOCAL REG. 2/3/51		REGISTRAR'S SIGNATURE Mrs. T. A. Dwyer		25. FUNERAL DIRECTOR'S SIGNATURE Clifton Miller		ADDRESS Elsberry, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

FEB - 9 1951

RECEIVED

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 Jan 25-1951

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Clifton Miller

Licensed Embalmer No. 3364

P. O. Address Elsham, Md

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.