

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4013**

FILED FEB 27 1951

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **2008** Registrar's No. **39**

0143

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

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Wright	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton	c. LENGTH OF STAY (In this place) 14 months	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mountain Grove, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hos #1		d. STREET ADDRESS (If rural, give location) R2H	

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) W. STAMBAUGH c. (Last) W. STAMBAUGH	4. DATE OF DEATH (Month) (Day) (Year) Feb 15 1951
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Sept 16 1873	9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months 5 IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY farm	11. BIRTHPLACE (State or foreign country) Callaway Co Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henry Stambaugh Cochran	13b. MOTHER'S MAIDEN NAME Barrack	14. NAME OF HUSBAND OR WIFE Effie
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) dk	16. SOCIAL SECURITY NO. dk	17. INFORMANT'S SIGNATURE OR NAME Hos Records	ADDRESS Fulton Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 2 2 2
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chr myocarditis		
	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. Senile psychosis - agitated type			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **2-14, 1951**, to **2-15, 1951**, that I last saw the deceased alive on **2-15, 1951**, and that death occurred at **4:18 m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J Caldwell M.D.	23b. ADDRESS State Hos Fulton Mo	23c. DATE SIGNED 2-15-51
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24a. BURIAL (CREMATION, REMOVAL) (Specify) Burial	24b. DATE Feb 17-1951	24c. NAME OF CEMETERY OR CREMATORY Hans Prairie Cem	24d. LOCATION (City, town, or county) (State) Hans Prairie Mo
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DATE REC'D BY LOCAL REG. Feb. 16-1951	REGISTRAR'S SIGNATURE Maretta Lawrence	426	25. FUNERAL DIRECTOR'S SIGNATURE Wallace Funeral Home	ADDRESS Fulton Mo
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File No. _____
DISTRICT HEALTH OFFICE NO. 4

FEB 19 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 _____

Wm. C. Trebbe

working under my personal supervision.

Student Embalmer No. *413*

Signed *William C. Trebbe*
Student Embalmer

Signed *Denzil E. Browning*

Licensed Embalmer No. *2728*

P. O. Address *Fulby 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.