

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11893

State File No.

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El Dorado Springs</u>	c. LENGTH OF STAY (In this place) <u>2 weeks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Speedwell Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Twin Oaks</u>		d. STREET ADDRESS (If rural, give location) <u>R.1, Schell City</u> <u>8930</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Karl</u>	b. (Middle) <u>Gottlieb</u>	c. (Last) <u>Stoll</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 22, 1951</u>
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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>Nov. 18, 1876</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>1</u>	IF UNDER 24 HRS. Hours <u>1</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Prairie City, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Johannes Stoll</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Nea Butz</u>	14. NAME OF HUSBAND OR WIFE <u>Hazel Stoll</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harold J. Stoll</u>	ADDRESS <u>Kansas City, Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>48 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>coronary arteriosclerosis</u> 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.			

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) (Min.)	21e. INJURY OCCURRED WHILE AT <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 4-21-51, to 4-22, 1951, that I last saw the deceased alive on 4-21, 1951, and that death occurred at 2:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. Jack Drake, D.O.</u>	23b. ADDRESS <u>El Dorado Springs Mo.</u>	23c. DATE SIGNED <u>4-23-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 24, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Jubenville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jubenville Mo.</u>
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DATE REC'D BY LOCAL REG. <u>APRIL 23, 1951</u>	REGISTRAR'S SIGNATURE <u>George W. Hoffman</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Philip Lewis & Son</u>	ADDRESS <u>Schell City, Mo.</u>
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DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED APR 30 1951

Dist. File 421-946

Date Filed 4-30-51

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
Student Embalmer

Signed

Marion M Lewis

Licensed Embalmer No.

3084

P. O. Address

Schell City, 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.