

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 5586 5586 Registrar's No. 33

440

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

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| 1. PLACE OF DEATH a. COUNTY Holt | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Holt | |
| b. CITY (If outside corporate limits, write RURAL and give township) Rural Lewis Twp. | | c. CITY (If outside corporate limits, write RURAL and give township) Rural Lewis Twp. 0440 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Near Oregon, Mo. | | d. STREET ADDRESS (If rural, give location) Near Oregon, Mo. | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) George | b. (Middle) Winifred | c. (Last) Stadalman | 4. DATE OF DEATH (Month) (Day) (Year) Apr. 26, 1951 |
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|---------------|------------------------|---|--------------------------------|------------------------------------|------------------------|----------------------|-----------------------|-----------------------|
| 5. SEX Male 0 | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH June 19, 1870 | 9. AGE (In years last birthday) 80 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 MIN. Hours | IF UNDER 1 MIN. Mins. |
|---------------|------------------------|---|--------------------------------|------------------------------------|------------------------|----------------------|-----------------------|-----------------------|

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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 Farming | 11. BIRTHPLACE (State or foreign country) Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME William Stadalman | 13b. MOTHER'S MAIDEN NAME Martha Wright | 14. NAME OF HUSBAND OR WIFE Marjorie Belle Stadalman |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Margery Patterson | ADDRESS St. Joseph, 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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ^(a) PNEUMONIA (HYDATIC) | | 36 HOURS |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CEREBRAL THROMBOSIS DUE TO (c) | | 4 DAYS |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 332X | 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 APR. 1948, to APR. 26, 1951, that I last saw the deceased alive on APR. 25, 1951, and that death occurred at 11:40 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE Howard E. Calkin, D.O. | 23b. ADDRESS Oregon Mo. | 23c. DATE SIGNED APR. 27, 51 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 4/29/51 | 24c. NAME OF CEMETERY OR CREMATORY Mound City Cemetery | 24d. LOCATION (City, town, or county) (State). Mound City, Missouri |
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| DATE REC'D BY LOCAL REG. 4-29-1951 | REGISTRAR'S SIGNATURE J. G. [Signature] | 25. FUNERAL DIRECTOR'S SIGNATURE James [Signature] | ADDRESS Oregon Mo. |
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1951-1-1



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 James H. Pettigrew
Licensed Embalmer No. 3192

P. O. Address Oregon 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.