

FILED MAY 15 1951

STANDARD CERTIFICATE OF DEATH

State File No. 13342

BIRTH NO. _____ REG. DIST. NO. 235 PRIMARY REG. DIST. NO. 4350 Registrar's No. 7

1. PLACE OF DEATH
 a. COUNTY Morgan
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Syracuse
 c. LENGTH OF STAY (in this place) 11 mths
 d. FULL NAME OF HOSPITAL OR INSTITUTION Myers Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY Moniteau
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN S.E. of Tipton 0680
 d. STREET ADDRESS (If rural, give location) 6 mi. S.E.

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) D. c. (Last) STAHL
 4. DATE OF DEATH (Month) (Day) (Year) April 22, 1951

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Aug. 1, 1870
 9. AGE (In years last birthday) 80 10. 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) N.E. of Syracuse 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Stahl 13b. MOTHER'S MAIDEN NAME Mary Arnold Stahl 14. NAME OF HUSBAND OR WIFE Leona Milburn Stahl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) --- 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Clarence Stahl, Tipton, Mo. ADDRESS _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia (Bronchial) INTERVAL BETWEEN ONSET AND DEATH 3 Days
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Infarction (Compensated) 1 yr.
 DUE TO (c) Arteriosclerosis 5 yrs.
 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 4/22/51 20. AUTOPSY? YES NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from April 20, 1951, to April 22, 1951, that I last saw the deceased alive on April 20, 1951, and that death occurred at 9:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) D.O. 23b. ADDRESS Tipton, Mo. 23c. DATE SIGNED 4-22-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE April 23, '51 24c. NAME OF CEMETERY OR CREMATORY Mt. Mariah Cem. 24d. LOCATION (City, town, or county) (State) S.E. Tipton, Moniteau, Mo.

DATE REC'D BY LOCAL REG. 5/9/51 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Tipton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

710
4

RECEIVED

5-14-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 5-14-51

MAY 27 1951

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 *Richard D. Conn*

Licensed Embalmer No. 4703

P. O. Address *Sipton, 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.