

FILED AUG 8 1951

STANDARD CERTIFICATE OF DEATH

State File No. 22528

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 98

272
3

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

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| 1. PLACE OF DEATH a. COUNTY Cooper | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cooper | |
| b. CITY (If outside corporate limits, write RURAL and give town) Boonville | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Kemper Military School. | | d. STREET ADDRESS (If rural, give location) 734 Third St. | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Edwin b. (Middle) Claus c. (Last) Stammerjohn | | 4. DATE OF DEATH August 1 1951 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH August 14 1881 |
| 9. AGE (In years last birthday) 69 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian | 11. BIRTHPLACE (State or foreign country) Boonville, Missouri. |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY Kemper School. | 12. CITIZEN OF WHAT COUNTRY? USA |

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| 13a. FATHER'S NAME Claus Sta mmerjohn | 13b. MOTHER'S MAIDEN NAME Emma Miller | 14. NAME OF HUSBAND OR WIFE Gladys Viertel Stammerjohn |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. 495-12-3953 | 17. INFORMANT'S SIGNATURE OR NAME Mrs. E. C. Stammerjohn, Boonville, | ADDRESS |
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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 10 Days |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Deletation | | |
| | 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 | 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) (Minute) | 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 _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

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| 22a. SIGNATURE M. Dickraeger (Degree or title) | 23b. ADDRESS M. S. Caron Boonville | 23c. DATE/SIGNED 8/4/51 |
|--|------------------------------------|-------------------------|

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|--|-------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE August 3 1951 | 24c. NAME OF CEMETERY OR CREMATORY Walnut Grove | 24d. LOCATION (City, town, or county) (State) Boonville, Missouri. |
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| DATE REC'D BY LOCAL REG. 8-4-51 | REGISTRAR'S SIGNATURE D. Hooper 381 | 25. FUNERAL DIRECTOR'S SIGNATURE Goodman & Boller, Boonville, Missouri. | ADDRESS |
|---------------------------------|-------------------------------------|---|---------|

RECEIVED 8-7-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8-7-51

MAR 19 1952

MAR 16 1952

DEPARTMENT OF HEALTH

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

J. H. Goodman

Signed.....
Student Embalmer

Licensed Embalmer No. 1198

P. O. Address *Boonville, 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.