

FILED OCT 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32533

BIRTH NO. _____ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 4036 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY BATES		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BATES.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICH Hill.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - OSAGE TWP.	
c. LENGTH OF STAY (in this place) 2 DAYS		d. STREET ADDRESS (If rural, give location) 3 MI. S. WEST - RICH Hill.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 413 PLUM ST.			

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) ENOCH c. (Last) STALLCUP			4. DATE OF DEATH (Month) (Day) (Year) OCT-9-1951		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH DEC-19-1880		9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING.	
11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.		10b. KIND OF BUSINESS OR INDUSTRY FARM	

13a. FATHER'S NAME SAMUEL STALLCUP		13b. MOTHER'S MAIDEN NAME MOLLY SPRINGER		14. NAME OF HUSBAND OR WIFE MURLE STALLCUP	
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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 James Murle Stallcup ADDRESS Rich Hill.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC OBSTRUCTION		INTERVAL BETWEEN ONSET AND DEATH None	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) None			
		DUE TO (c) None			
		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? 260X YES <input type="checkbox"/> NO <input 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 **Jan 1950**, to **Oct 9, 1951**, that I last saw the deceased alive on **Oct 7, 1951**, and that death occurred at **Rich Hill, Mo.**, from the causes and on the date stated above.

23a. SIGNATURE James Murle Stallcup (Degree or title)		23b. ADDRESS Rich Hill, Mo.		23c. DATE SIGNED Oct 12, 1951	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE OCT-14-1951		24c. NAME OF CEMETERY OR CREMATORY GREEN LAWN CEM.	
				24d. LOCATION (City, town, or county) (State) RICH Hill, MISSOURI	

DATE REC'D BY LOCAL REG. Oct 12, 1951		REGISTRAR'S SIGNATURE Mr. Edward Douglas Booth		25. FUNERAL DIRECTOR'S SIGNATURE Booth Funeral Serv. Rich Hill ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0070

RECEIVED 10-13-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 10-13-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Robert G. Stenbak

Signed.....
Student Embalmer

Licensed Embalmer No. 4657

P. O. Address Butler 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.