

FILED MAR 17 1952

STANDARD CERTIFICATE OF DEATH

State File No. 249

3960

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

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 249

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fordland, Rural 1120</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Route # 2, Box 35</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ZARK OSTEOPATHIC HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Fred</u>	b. (Middle) <u>Albert</u>	c. (Last) <u>Stoll</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3/9/52</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. 2, 1875</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>7</u>	IF UNDER 4 HRS. Hours <u> </u> Min. <u> </u>
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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 <u>Self</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>Jacob Stoll</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine (Unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>Leah Josephine Smith Stoll</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Leah Stoll, Fordland, Missouri</u>	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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory failure + shock</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Severe Traumatic injuries</u>		
	DUE TO (c) <u>Accident</u>		
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 <u>E 8240-32</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>SUICIDE</u> <u>HOMICIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Fell from tractor Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Fordland, Webster, Missouri</u>
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21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) <u>3/8/52 11A m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Riding on back of tractor & fell.</u>
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22. I hereby certify that I attended the deceased from 3/8/52, 19 , to 3/9/52, 19 , that I last saw the deceased alive on 3/9/52, 19 , and that death occurred at 7:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Deland E. Wetzell</u>	23b. ADDRESS <u>700 E. Sunshine, Springfield</u>	23c. DATE SIGNED <u>3/9/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-14-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>EASTER CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>WEBSTER CO. MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>3-13-52</u>	REGISTRAR'S SIGNATURE <u>James T. Amor, MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. Ferrell</u>	ADDRESS <u>Fordland, Mo</u>
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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 _____

W. K. FERRELL

Student Embalmer No. 444

working under my personal supervision.

Student W. K. Ferrell

Student Embalmer

Signed K. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Fordland 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.