

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **19266**

0230
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FILED JUL 1 - 1952

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residences before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fairfax</u>		c. LENGTH OF STAY (In this place) <u>20 years</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fairfax Community Hospital</u>		d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED (Type or Print) <u>Minnie</u>		a. (First) _____ b. (Middle) <u>A.</u> c. (Last) <u>Stouffer</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>April 26, 1879</u>
9. AGE (In years last birthday) <u>73</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 11, 1952</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>In the home</u>	
11. BIRTHPLACE (State or foreign country) <u>Clarks, Nebraska</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>George Stouffer</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frank Stouffer</u> ADDRESS <u>Fairfax, Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>None</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ruptured aortic aneurysm</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u>	
DUE TO (c) _____		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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4-5-1X	
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) (Minute) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>May 1</u> , 19 <u>51</u> , to <u>June 11</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>June 11</u> , 19 <u>52</u> , and that death occurred at <u>6 p.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>James L. Coffey</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Fairfax, Mo.</u>	
23c. DATE SIGNED <u>6/20/52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>6/13/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge</u>	
24d. LOCATION (City, town, or county) (State) <u>Fairfax, Mo.</u>		DATE REC'D BY LOCAL REG. <u>June 24, 1952</u>	
REGISTRAR'S SIGNATURE <u>Marvin H. Scholau</u> 443-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilbur L. Scholau</u> ADDRESS <u>Craig, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

myself
.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Wilber L. Schooley*
.....

Licensed Embalmer No. *3997*
.....

P. O. Address *Craig, 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.