

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19690**

FILED JUN 30 1952

BIRTH NO. _____ REG. DIST. NO. **387** PRIMARY REG. DIST. NO. **5165** Registrar's No. **10**

1. PLACE OF DEATH a. COUNTY Calloway		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY Calloway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Guthrie Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Guthrie Twp.	
c. LENGTH OF STAY (in this place) 2 yr		d. STREET ADDRESS (If rural, give location) 3 miles N.E. New Bloomfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 mi N.E. New Bloomfield		d. STREET ADDRESS (If rural, give location) 3 miles N.E. New Bloomfield	

3. NAME OF DECEASED (Type or Print) a. (First) Louis b. (Middle) R. c. (Last) Stolte			4. DATE OF DEATH (Month) (Day) (Year) June 23-52		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH May 5-1885			9. AGE (in years last birthday) 67		10. MONTHS 1
10a. 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 (City and State or Foreign Country) Boone County Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Louis Stolte		13b. MOTHER'S MAIDEN NAME Heneretta Elbeat		14. NAME OF HUSBAND OR WIFE Fannie Stolte	
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. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Thos. Louis Stolte Guthrie Mo.	

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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pancreas			INTERVAL BETWEEN ONSET AND DEATH a few months
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 154X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> WORK <input type="checkbox"/> HOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **May 1, 1952**, to **June 23, 1962**, that I last saw the deceased alive on **June 23, 1962**, and that death occurred at **10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE E. M. Luck (Degree or title) M.D.		23b. ADDRESS New Bloomfield Mo		23c. DATE SIGNED June 24 52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE June 26-52		24c. NAME OF CEMETERY OR CREMATORY Memorial Garden	
24d. LOCATION (City, town, or county) (State) RFD - Fulton Mo		24e. REGISTRAR'S SIGNATURE Leroy Claypool		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Holt Claypool New Bloomfield	
DATE REC'D BY LOCAL REG. June 24-52		REGISTRAR'S SIGNATURE Leroy Claypool		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Holt Claypool New Bloomfield	

(Licensed Embalmer's Statement on Reverse Side)

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

0140
1

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 Le Roy Claypool

Licensed Embalmer No. 4412

P. O. Address New Bloomfield W.

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.