V.S. No. 200
Rev. 10.48

FILED FEB 11 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 182

BIRTH NO. _____ REG. DIST. NO. 31 PRIMARY REG. DIST. NO. 4040 Registrar's No. 6

0080 / 1

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

1. PLACE OF DEATH
a. COUNTY: Benton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cole Camp
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ----

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Benton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cole Camp 0080
d. STREET ADDRESS (If rural, give location): ----

3. NAME OF DECEASED (Type or Print)
a. (First): Martin
b. (Middle): Sylvestor
c. (Last): Stohr

4. DATE OF DEATH (Month) Feb (Day) 4th (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 7th 1872
9. AGE (In years last birthday): 80
If under 1 year: Months 11 Days 29 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and State or Foreign Country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Stohr
13b. MOTHER'S MAIDEN NAME: Mary Schilier
14. NAME OF HUSBAND OR WIFE: ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Anna Stohr
ADDRESS: Cole Camp Mo

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Status Asthmaticus

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) 241 X

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. ASHD

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 9, 1952, *to* Feb 4, 1953, *that I last saw the deceased alive on* Feb 4, 1953, *and that death occurred at* 9:05 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Alvin L Loure (Degree or title) MD.
23b. ADDRESS Cole Camp, Mo
23c. DATE SIGNED 2-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 9th 1953
24c. NAME OF CEMETERY OR CREMATORY: St Peters & Paul Cemetery
24d. LOCATION (City, town, or county) Cole Camp Missouri (State)

DATE REC'D BY LOCAL REG. Feb 6, 1953
REGISTRAR'S SIGNATURE E L Eichhoff 394
25. FUNERAL DIRECTOR'S SIGNATURE E L Eichhoff
ADDRESS: Cole Camp Mo

(Licensed Embalmer's Statement on Reverse Side)

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 E L Eichhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp 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.