

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18555

State File No. _____

5. No. 300
v. 10.48

FILED JUN 8 1953

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 52

0542
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EMMA LEXINGTON</u>		c. LENGTH OF STAY (in this place) <u>3 Days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EMMA</u>		0540
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MEMORIAL HOSPITAL</u>			d. STREET ADDRESS (If rural, give location) <u>No STREET ADDRESS. Highway 20</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u>		b. (Middle) <u>STUMPENHAUS</u>	c. (Last) <u>STUMPENHAUS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 26 1953</u>	
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>OCT 26 1883</u>	9. AGE (In years last birthday) <u>69</u>	10. IF UNDER 1 YEAR: Months <u>27</u> Days <u>0</u> Hours <u>0</u> Mins. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GEN FARMING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>EMMA, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>ERNEST STUMPENHAUS</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA MEINHOFER</u>	14. NAME OF HUSBAND OR WIFE <u>MRS. EDWARD STUMPENHAUS</u>		
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>NO</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS EDWARD STUMPENHAUS EMMA, MO</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive cardio-vascular disease</u>				several yrs.
	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 <u>443X</u>		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 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 22 1953</u> , to <u>May 26 1953</u> , that I last saw the deceased alive on <u>May 26 1953</u> , and that death occurred at <u>10:45 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>H. Sturdy, M.D.</u>		(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Concordia, Mo</u>		23c. DATE SIGNED <u>5/27/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAY 30, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOHNS CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>EMMA MO</u>		
DATE REC'D BY LOCAL REG. <u>5-30-53</u>	REGISTRAR'S SIGNATURE <u>Wm. E. Sturdy</u>	156-10	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. L. James</u>	ADDRESS <u>Concordia, Mo</u>	

NOV 22 1953

NOV 27 1953

DEC 8 1953

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 me

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Concord, Me

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.