

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27596**

FILED SEP 2 - 1953

BIRTH NO. _____		REG. DIST. NO. <b>1</b>	PRIMARY REG. DIST. NO. <b>3000</b>	Registrar's No. <b>277</b>
1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Adair</b>		
b. CITY OR TOWN <b>Kirkville</b>		c. LENGTH OF STAY in this place (township) <b>85</b> <b>das</b>	c. CITY OR TOWN <b>Kirkville</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Stickler Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>1103 W. Hamilton St.,</b> <b>0013</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Jesse</b>		b. (Middle) <b>Franklin</b>	c. (Last) <b>Stober</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 27, 1953</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 10, 1885</b>	9. AGE (In years last birthday) <b>68</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>House Painting</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Davis County, Iowa</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13a. FATHER'S NAME <b>George Stober</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Catherine Saner</b>	14. NAME OF HUSBAND OR WIFE <b>Ida Gross Stober</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>491 16 4479</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ida Stober, Kirkville, Mo.</b>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>myocarditis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertrophy of prostate</b> DUE TO (c) <b>Tuberculosis of lungs</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>5 yrs</b> <b>10 yrs</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>002X</b>
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) (Min.)		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 <b>MAY 1942</b> to <b>Aug 27, 1953</b> , that I last saw the deceased alive on <b>Aug 27, 1953</b> , and that death occurred at <b>11:10</b> m., from the causes and on the date stated above.				
23a. SIGNATURE <b>RO Stickler MD</b>		23b. ADDRESS (Degree or title) <b>Kirkville, Mo.</b>		23c. DATE SIGNED <b>8-28-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8/30/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Highland Park</b>	24d. LOCATION (City, town, or county) (State) <b>Kirkville, Mo.</b>
DATE REC'D BY LOCAL REG. <b>8-30-53</b>		REGISTRAR'S SIGNATURE <b>Nate Lambert</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Kirkville, Mo.</b>

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

---

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.....  
Signature of Student Embalmer

Signed *Richard H. Randall*.....

Licensed Embalmer No. *4866*.....

P. O. Address *Ficksville, Pa.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.