

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

32263

FILED SEP 28 1953

State File No.

BIRTH NO.		REG. DIST. NO. <u>169</u>	PRIMARY REG. DIST. NO. <u>4258</u>	Registrar's No. <u>74</u>
1. PLACE OF DEATH a. COUNTY <u>Knox</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Edina</u>		c. LENGTH OF STAY (in this place) <u>1 week</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>La Grange</u> <u>2560</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gibson Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>No St. address</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alva</u>		b. (Middle) <u>W</u>	c. (Last) <u>Stiffey</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 20, 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>July 16, 1881</u>
9. AGE (In years) (last birthday) <u>72</u>		10. MONTHS <u></u>	11. DAYS <u></u>	12. HOURS <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Moulder</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Foundry</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Clayton, Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>John Stiffey</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Seveer</u>		14. NAME OF HUSBAND OR WIFE <u>Dora Stiffey</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>327 05 1603</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Dora Stiffey</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Trauma from Surgical Shock & Sepsis</u> ANTECEDENT CAUSES Asteroid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>quite as a continuation of Chronic Cholecystitis & Cholelithiasis (operated)</u> DUE TO (c) <u>(Cause unknown)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>1-2 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypostatic pneumonia 584x</u>		<u>36 hours</u>		
19a. DATE OF OPERATION <u>9-18-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Grossly infected Gall bladder c 4 stones - Specimens to Dr Maynard, M.D.</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>LaGrange</u> (COUNTY) <u>Mo.</u> (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u></u>	
22. I hereby certify that I attended the deceased from <u>9-16-</u> , 19 <u>53</u> , to <u>9-20-</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>9-20-</u> , 19 <u>53</u> , and that death occurred at <u>9:24 P. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>William J. Treitas, D. O.</u>		23b. ADDRESS <u>Gibson Hospital</u>		23c. DATE SIGNED <u>9-23-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 23, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Riverview</u>	24d. LOCATION (City, town, or county) (State) <u>LaGrange, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 23-1953</u>	REGISTRAR'S SIGNATURE <u>W. S. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Kenneth Bailey</u>	
		ADDRESS <u>La Grange, Mo.</u>		

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

(Licensed Embalmer's Signature on Reverse Side)

1956 MAR 25 1956

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.....

J. Kenneth Bailey
Licensed Embalmer No. 4248
P. O. Address La Grange, T.

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.