

No. 300
10-48

FILED MAR 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5344

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Polk	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mt. Vernon		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bolivar	
c. LENGTH OF STAY (in this place) 10 days		d. STREET ADDRESS (If rural, give location) 620 S. Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. State Sanatorium			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) F. c. (Last) Stall			4. DATE OF DEATH (Month) (Day) (Year) 2-19-54		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 8-14-79		9. AGE (In years last birthday) 74		10. UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Garage		10b. KIND OF BUSINESS OR INDUSTRY Garage		11. BIRTHPLACE (State or foreign country) Nebraska	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Iva Stall	
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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. 497-24-0822		17. INFORMANT'S SIGNATURE OR NAME ADDRESS San. records, Mo. S.S., Mt. Vernon, Mo.	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart disease INTERVAL BETWEEN ONSET AND DEATH sudden 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.		
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from 2 - 9 - 1954, to 2 - 19 - 1954, that I last saw the deceased alive on 2 - 19 - 1954, and that death occurred at 2:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title)		23b. ADDRESS Mt. Vernon, Mo.		23c. DATE SIGNED 2-19-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-19-54		24c. NAME OF CEMETERY OR CREMATORY New Hope Cem. Pallas Co. Mo.	
				24d. LOCATION (City, town, or county) (State) Bolivar, Mo.	

DATE REC'D BY LOCAL REG. 2-26-54		REGISTRAR'S SIGNATURE <i>[Signature]</i> 411-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Turpin Funeral Home Bolivar, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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. _____

_____ng under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.