

FILED JUN 21 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **18061**

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>612</u>			
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY OR TOWN <u>St. Joseph</u>		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 <u>2401 1/2 Messanie St.</u>				e. STREET ADDRESS (If rural, give location) <u>2401 1/2 Messanie St.</u>				<u>01170</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u>		b. (Middle) <u>J.</u>		c. (Last) <u>STUMPF</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 10, 1954</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 19, 1884</u>		9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>9</u>	IF UNDER 24 HRS. Hours <u>9</u> Min. <u>0</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Pressman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Newspaper</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Joseph, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>John Stumpf</u>			13b. MOTHER'S MAIDEN NAME <u>Monika Trabert</u>		14. NAME OF HUSBAND OR WIFE <u>Helen</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>491-09-2304</u>		17. INFORMANT'S SIGNATURE OR NAME <u>George Stumpf, 2401 1/2 Messanie St., City</u>		ADDRESS			
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>Carcinoma to head of Pancreas</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Approx. 6 mos.</u>	
				ANTECEDENT CAUSES DUE TO (b) <u>Cachexia</u>					
				DUE TO (c) <u>Arteriosclerosis General</u>				<u>?</u>	
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>3-19-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>As above plus Obstruction of Common Bile Duct</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 16, 1952</u> , to <u>June 10, 1954</u> , that I last saw the deceased alive on <u>June 10, 1954</u> , and that death occurred at <u>1:25P m.</u> , from the causes and on the date stated above.									
22a. SIGNATURE <u>Wm B. Rothman</u>				22b. ADDRESS <u>316 No. 10th St., City</u>		22c. DATE SIGNED <u>6-11-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 12, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>June 17, 1954</u>		REGISTRAR'S SIGNATURE <u>Bothes M. Allison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hester - Bowman</u>		ADDRESS <u>St Joseph, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *William Galding*.....

Licensed Embalmer No. *4535*

P. O. Address *3155 10th St*

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.