

STANDARD CERTIFICATE OF DEATH

26875

State File No.

FILED AUG 16 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 766

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>	
b. CITY OR TOWN <b>SPRINGFIELD</b>		c. CITY OR TOWN <b>SPRINGFIELD</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) <b>1959 W. ATLANTIC</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1959 W. ATLANTIC</b>		f. ADDRESS <b>1959 W. ATLANTIC</b>	
3. NAME OF DECEASED (Type or Print) <b>BERT</b>		a. (First) <b>B.</b> b. (Middle) <b>S.</b> c. (Last) <b>STALLARD</b>	4. DATE OF DEATH <b>AUGUST 8, 1954</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>18 DEC. 1892</b>
9. AGE (In years last birthday) <b>61</b>		10. MONTHS <b>0</b>	11. DAYS <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MACHINIST, R.R.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RETIRED</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>MISSOURI</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>FRED STALLARD</b>	13b. MOTHER'S MAIDEN NAME <b>MAY HUTCHINSON</b>	14. NAME OF HUSBAND OR WIFE <b>MARIE STALLARD</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MARIE L. STALLARD</b> ADDRESS <b>SPRINGFIELD, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>10 yrs</b>
	b. <b>Generalized arteriosclerosis</b>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO <b>atherosclerosis</b>			
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	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 <b>Sept 19, 1949</b> to <b>Aug 8, 1954</b> , that I last saw the deceased alive on <b>3/6, 1954</b> , and that death occurred at <b>9:45 A. m.</b> , from the causes and on the date stated above.		

23a. SIGNATURE <b>W. H. Wilson, M.D.</b> (Degree or title)	23b. ADDRESS <b>609 CHERRY SPRINGFIELD, MISSOURI</b>	23c. DATE SIGNED <b>8/9/54</b>
24a. BURIAL CREMATION REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>Aug. 10, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CROWN HILL CEMETERY</b>
		24d. LOCATION (City, town, or county) (State) <b>SEDALIA, MISSOURI</b>

DATE REC'D BY LOCAL REG. <b>8-9-54</b>	REGISTRAR'S SIGNATURE <b>Earl Williamson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Geo. Klingner &amp; Co.</b> ADDRESS <b>SPRINGFIELD, MO.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 20 1954

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.....  
*Max Rhodes*

Licensed Embalmer No. 40.....

P. O. Address.....  
*Spring*

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.