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XC 18656750
REG. 5936 ST. 1320
FILED MAR 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6547

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1519**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY LAWRENCE	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN 915 North Grand Blvd. St. Louis, Missouri)		c. LENGTH OF STAY (In this place) 34 DAYS	c. CITY OR TOWN ST. FRANCISVILLE
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		STREET ADDRESS (If rural, give location) RURAL ROUTE NO. 1	

81208

3. NAME OF DECEASED (Type or Print) a. (First) WILLIE b. (Middle) S. c. (Last) STUTSMAN			4. DATE OF DEATH (Month) (Day) (Year) 2-16-55		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 8-6-31	9. AGE (In years last birthday) 23	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT		10b. KIND OF BUSINESS OR INDUSTRY UNIVERSITY	11. BIRTHPLACE (City and State or Foreign Country) ST. FRANCISVILLE, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME WILLIE STUTSMAN		13b. MOTHER'S MAIDEN NAME FLORA JAME WOLF		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) YES KOREAN		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, ST. LOUIS, MO.	

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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MULTIPLE METASTASIS "LIVER, LUNGS"			ANTECEDENT CAUSES			TWO MOS. PLUS ??		
			DUE TO (b) CARCINOMA OF TESTICLE, LEFT					
			DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS			Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION 1-18-55		19b. MAJOR FINDINGS OF OPERATION LARGE TUMOR, LEFT TESTIS			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? 178X		

22. I hereby certify that I attended the deceased from **1-13**, 19 **55**, to **2-16**, 19 **55**, and that death occurred at **4:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Charles P. Kolars (Degree or title) O.M.D.		23b. ADDRESS VAH, ST. LOUIS, MO.		23c. DATE SIGNED 2-16-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-17-55		24c. NAME OF CEMETERY OR CREMATORY Local	
24d. LOCATION (City, town, or county) (State) St. Francisville Ill.		24e. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A.H. Hoppe 4704 Washington Ave.			
DATE REC'D BY LOCAL REG. FEB 17 1955		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.			

S.P. (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..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John S. Dennis*
Licensed Embalmer No. *419*
P. O. Address *St. La*

- 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.