

FILED SEP 12 1955

STANDARD CERTIFICATE OF DEATH 6009

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>218</u>	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Urbandale</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Urbandale</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				• STREET ADDRESS (If rural, give location) <u>0880</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Woloh</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Stamber</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 30th 1955</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>July 10th 1911</u>	
9. AGE (In years last birthday) <u>44</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>20</u>		IF UNDER 2 HRS. Hours <u>0</u> Min. <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>mo</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>mo</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Clayd Lowry Howland</u>			13b. MOTHER'S MAIDEN NAME <u>Anne Terrill</u>			14. NAME OF HUSBAND OR WIFE <u>Howard H. Stamber</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. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>H.H. Stamber, Urbandale, mo</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Adenocarcinoma of all abdominal viscera</u> ANTECEDENT CAUSES <u>Adenocarcinoma of Pectus</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo over 1 year</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>154X</u>	
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) (Minute)		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>Aug 29, 1955</u> , to <u>Aug 30, 1955</u> , that I last saw the deceased alive on <u>Aug 29, 1955</u> , and that death occurred at <u>2 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Clarence Elbers MD</u>				23b. ADDRESS <u>Moberly, mo</u>		23c. DATE SIGNED <u>Aug 31 55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-1-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly, mo</u>	
DATE REC'D BY LOCAL REG. <u>9-1-55</u>		REGISTRAR'S SIGNATURE <u>Leah Lovine</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mahan and Son</u>		ADDRESS <u>Moberly, mo</u>	

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

SEP 15 1955

NOV 4 1955

OCT 5 1955

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.....
Frank D. Dr. Witt

Licensed Embalmer No.....
30

P. O. Address.....
Prober

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.