

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

FILED DEC 5 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37629**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **4374** Registrar's No. **15**

1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Nodaway</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clyde</b>		c. CITY OR TOWN <b>Clyde</b>	
c. LENGTH OF STAY (in this place) <b>55yrs</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		f. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>Anna</b>			b. (Middle) <b>Stoll</b>		
c. (Last) <b>Stoll</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>11-25-1955</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>1-10-1872</b>	9. AGE (In years last birthday) <b>83</b>	10. IF UNDER 1 YEAR Months Days <b>83</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>home-own</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Germany</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Matt Sellmeyer</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Joseph Stoll</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Alphonse Stoll-Clyde, 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, asthma, 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)		<b>Myocarditis</b>			
ANTECEDENT CAUSES		DUE TO (b) <b>Arterio-Sclerosis general</b>			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		<b>Nephritis</b>		<b>4221</b>	
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 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 **1953, 19**, to **Nov 25, 1955**, that I last saw the deceased alive on **Nov 23, 1955**, and that death occurred at **8:30 p m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>R. J. Milligan</b>		(Degree or title) <b>MD</b>		23b. ADDRESS <b>Staubery, Mo</b>	
23c. DATE SIGNED <b>11-26-55</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>11-29-1955</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>St Columba Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Conception Jct., Mo.</b>			
DATE REC'D BY LOCAL REG. <b>12-3-55</b>		REGISTRAR'S SIGNATURE <b>Gess Holt</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>G. M. Mitchem Maryville, Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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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 *G. M. Atchison*

Licensed Embalmer No. *72*

P. O. Address *Memphis*

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.