

FILED NOV 22 1955
46997-55
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37919**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 340

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. FRANCOIS	
b. CITY OR TOWN BONNE TERRE	c. LENGTH OF STAY (in this place) 4 MONTHS	c. CITY OR TOWN BONNE TERRE	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 716 Spruce St.		No. STREET ADDRESS (If rural, give location) 716 SPRUCE, ST.	

3. NAME OF DECEASED (Type or Print) MICHAEL EUGENE STOTLER	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) NOV. 12, 1955
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) INFANT	8. DATE OF BIRTH 7-12-55	9. AGE (In years last birthday) 4	IF UNDER 1 YEAR Days 0	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE BONNE TERRE, MISSOURI	12. CITIZEN OF WHAT COUNTRY? BONNE TERRE HOSPITAL, MO.
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13a. FATHER'S NAME CLAUDE STOTLER	13b. MOTHER'S MAIDEN NAME PEARL WALTERS	14. NAME OF HUSBAND OR WIFE INFANT
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME CLAUDE STOTLER	ADDRESS BONNE TERRE, MO.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Due to Natural Causes.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Deceased was found dead DUE TO (c) in bed apparently pneumonia		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Inquest deemed not necessary			
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)
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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?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Gail Miller	(Degree or title) Coroner	23b. ADDRESS Farmington, Mo.	23c. DATE SIGNED 11/14/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 11-14-55	24c. NAME OF CEMETERY OR CREMATORY ST. JOSEPH CEMETRY	24d. LOCATION (City, town, or county) (State) ST. FRANCOIS, CO. MO
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DATE REC'D BY LOCAL REG. Nov. 14, 1955	REGISTRAR'S SIGNATURE Esther Gudloff	25. FUNERAL DIRECTOR'S SIGNATURE C 3 Boyer	ADDRESS Dealogue, Mo.
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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 *C. Z. Boyer*.....
Licensed Embalmer No. *16*.....
P. O. Address *Neelap*.....

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.