

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 12 1955

State File No. 39518

BIRTH NO. _____ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 4545 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY WEBSTER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY WEBSTER	
b. CITY OR TOWN MARSHFIELD	c. LENGTH OF STAY (in this place) 4 YRS	c. CITY OR TOWN MARSHFIELD	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 1120	

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) H	c. (Last) STIGRAH	4. DATE OF DEATH (Month) (Day) (Year) DEC 5 1955
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH DEC 15 1862	9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) REAL ESTATE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) TENNESSEE	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME STEPHEN STIGRAH	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE
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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.	17. INFORMANT'S SIGNATURE OR NAME ANNEY CRAWFORD	ADDRESS MARSHFIELD
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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, 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) TRANSITION & DEBILITATION		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) OLD CEREBRAL THROMBOSIS DUE TO (c) ARTERIOSCLEROSIS		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		332X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 **6-1, 1952**, to **12-5, 1955**, that I last saw the deceased alive on **12-5, 1955**, and that death occurred at **8:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)	23b. ADDRESS Marshfield, Mo.	23c. DATE SIGNED 12/7/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-7-55	24c. NAME OF CEMETERY OR CREMATORY MARSHFIELD	24d. LOCATION (City, town, or county) (State) MARSHFIELD MO
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DATE REC'D BY LOCAL REG. 12-9-55	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ORW BARBER	ADDRESS MARSHFIELD 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..... *George Stapp*

Licensed Embalmer No. *316*.....

P. O. Address *Mt. Zion*.....

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.