

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5586 State File No. **1699**  
3028 Registrar's No. **16**

No. 300  
10.48  
FILED FEB 3 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **157** PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rural Route #1</b> )		c. CITY OR TOWN <b>Rural Route #1</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>9 Mos.</b>		e. STREET ADDRESS (If rural, give location) <b>North of Carthage 0490</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>North of Carthage</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b> b. (Middle) <b>Henry</b> c. (Last) <b>Stogsdill</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 19, 1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Dec. 26, 1891</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret'd. Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Lawrence County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>William T. Stogsdill</b>		13b. MOTHER'S MAIDEN NAME <b>Mertha Hicklin</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War #1</b>		16. SOCIAL SECURITY NO. <b>No.</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Leona Pendleton Rt. #1 Carthage</b>		
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary occlusion</b>		
	DUE TO (c) <b>arteriosclerosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4201</b>			

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 **7<sup>th</sup> 1-19**, 19**56**, to **7<sup>th</sup> 1-19**, 19**56**, that I last saw the deceased alive on **1-19**, 19**56**, and that death occurred at **7:45 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Fred S. Wood Jr. M.D.</b>	23b. ADDRESS <b>Carthage Mo</b>	23c. DATE SIGNED <b>1-19-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-22-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Camp Ground Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Near Chesapeake, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>1-20-56</b>	REGISTRARS SIGNATURE <b>EM Clinton</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Ulmer Funeral Home Carthage</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED FEB 1 1955  
Jasper County Health Office  
County File Number 56-2-106  
Date Filed FEB 1 1955

MAR 8 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 William A. Fulks

Licensed Embalmer No...4658...

P. O. Address Carthage, MO

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.