

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5650

State File No.

FILED FEB 20 1956

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>51</u>		
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Hannibal</u>		c. LENGTH OF STAY (In this place) <u>50</u> days		c. CITY OR TOWN <u>Hannibal</u>		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 <u>Levering Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>2020 Crescent St. 0645</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hurshel</u> b. (Middle) _____ c. (Last) <u>Stombaugh</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-6-56</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 15, 1891</u>		9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, as if retired) <u>Officer and Carman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>C.B. & Q. Railroad</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Busch, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>William Stombaugh</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Gollier</u>		14. NAME OF HUSBAND OR WIFE <u>Goldie Esther Stombaugh</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>110</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Goldie Stombaugh, Hannibal, 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>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>					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)				
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 <u>2-6-56</u> to <u>11:00</u> P.M., 19 <u>56</u> , that I last saw the deceased alive on <u>2-6-56</u> , 19 <u>56</u> , and that death occurred at <u>11:00</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Deedee or title) <u>[Signature]</u>				23b. ADDRESS <u>[Address]</u>		23c. DATE SIGNED <u>Feb 13/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-9-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>2-14-56</u>		REGISTRAR'S SIGNATURE <u>Dr. Em. Lucke By W. J. Fisher</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jack Schwartz</u>		ADDRESS <u>Hannibal, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 17 1956

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED FEB 17 1956

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 *Jack Schwartz*.....
Licensed Embalmer No. *4900*.....

P. O. Address *Hannibal*.....

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.