

FILED JUN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **19840**BIRTH NO. _____ REG. DIST. NO. **33** PRIMARY REG. DIST. NO. **3010** Registrar's No. **211**

1. PLACE OF DEATH a. COUNTY Cape Girardeau Mo.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Cape Girardeau)		c. CITY OR TOWN Cape Girardeau	
c. LENGTH OF STAY (in this place) 34yrs		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 So East Mo Hospital		e. STREET ADDRESS (If rural, give location) 527 So Benton Street.	

3. NAME OF DECEASED (Type or Print)	a. (First) Dale	b. (Middle) Thomas	c. (Last) Statler	4. DATE OF DEATH (Month) (Day) (Year) June, 3, 1956.
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 24, 1904	9. AGE (in years last birthday) 52	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 24 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Timber Worker	10b. KIND OF BUSINESS OR INDUSTRY Cutting Timber	11. BIRTHPLACE (City and State or Foreign Country) Bollinger Co Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME T.W. Statler	13b. MOTHER'S MAIDEN NAME Cora A Statler	14. NAME OF HUSBAND OR WIFE Hazel Turner Statler
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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. 487-18-5940	17. INFORMANT'S SIGNATURE OR NAME Hazel Statler	ADDRESS Cape Girardeau 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, 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) Pulmonary Embolism		
	ANTECEDENT CAUSES Morbidity 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. Fracture of Left Leg			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 115 (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **May 2, 1956**, to **June 4, 1956**, that I last saw the deceased alive on **June 4, 1956**, and that death occurred at **9:23P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Merwin C. Kasten M.D.	23b. ADDRESS 937 Broadway Cape Girardeau Mo.	23c. DATE SIGNED 6-8-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June, 7/56	24c. NAME OF CEMETERY OR CREMATORY Hope Well Cemt.	24d. LOCATION (City, town, or county) (State) Near Sedgewickville Bollinger Co Mo.
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DATE REC'D BY LOCAL REG. 6-20-56	REGISTRAR'S SIGNATURE Elizabeth Summers Dept	25. FUNERAL DIRECTOR'S SIGNATURE W. H. Homan	ADDRESS Cape Girardeau Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48L85
0

1961 9 6 WMP

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..... *H. L. Hamman*

Licensed Embalmer No. 2863

P. O. Address Cape Girardeau

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.