

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33140  
STATE FILE NUMBER

FILED NOV 5 - 1956

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 344

1. PLACE OF DEATH a. COUNTY Boone			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone		
b. CITY (If outside corporate limits, give TOWNSHIP only) Columbia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Columbia 0105		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION 400 Alexander		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 400 Alexander		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Frank Sandrock Stutman			4. DATE OF DEATH Month Day Year Oct. 31, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 21, 1870	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plasterer		10b. KIND OF BUSINESS OR INDUSTRY Contractor	11. BIRTHPLACE (City and state or country) Booneville, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Joseph Stutman			14. MOTHER'S MAIDEN NAME Katharine Sandrock		
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 Address Mrs Geo. Zumwalt, Columbia, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Decompensation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Senile Debility DUE TO (c) Prostatitis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Intestinal influenza.					INTERVAL BETWEEN ONSET AND DEATH 5 hrs years 1 month
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour a. m. p. m.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE		
21. I attended the deceased from 7-25 1952 to 10-31-56 and last saw her <sup>her</sup> <sub>him</sub> alive on 10-31-56 Death occurred at home 1:00 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Walter Sparks D.O.</i>			22b. ADDRESS 311 Christian College Ave., Columbia Mo.		22c. DATE SIGNED 11-1-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/2/1956	23c. NAME OF CEMETERY OR CREMATORY Memorial Park		23d. LOCATION (City, town, or county) (State) Columbia, Mo.	
24. FUNERAL DIRECTOR <i>Sparks</i> Memorial Funeral Home, Columbia, Mo.		25. DATE RECD. BY LOCAL REG. Oct 2, 1956	26. REGISTRAR'S SIGNATURE Mrs R E Palmer		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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, ~~by~~ ....., Student Embalmer No. ....  
working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *Lymon H. Spinkle*

Licensed Embalmer No. *40*

P. O. Address *Columbia*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.