

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37010**

FILED DEC 4 - 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **32** PRIMARY REG. DIST. NO. **5112A** Registrar's No. **85**

1. PLACE OF DEATH a. COUNTY <b>Bollinger</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Bollinger</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Scopus township</b>		c. LENGTH OF STAY (In this place) <b>lifetime</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Scopus township</b>		6090
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home 4 mi East Patton</b>			d. STREET ADDRESS (If rural, give location) <b>4 miles east of Patton Mo.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Jefferson</b> b. (Middle) <b>James</b> c. (Last) <b>Statler</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 30 1956</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Aug. 10, 1874</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>20</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farmer</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>John Statler</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Verner</b>	14. NAME OF HUSBAND OR WIFE <b>Sophronia Statler</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>e</b>	17. INFORMANT'S SIGNATURE OR NAME - ADDRESS <b>Hubert Statler Patton, Mo.</b>			

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) <b>Cerebral Hemorrhage</b>			DUE TO (b) <b>Hypertension</b>			<b>5 days</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c)			<b>5 years</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>331X</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				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) 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 **10-27, 1956**, to **10-30, 1956**, that I last saw the deceased alive on **10-27, 1956**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>E.F. McDonald, M.D.</b>	23b. ADDRESS <b>Jackson, Mo.</b>	23c. DATE SIGNED <b>11-20-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 1, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Post Oak Cemetery</b>
		24d. LOCATION (City, town, or county) (State) <b>Bollinger Co. Mo.</b>

DATE REC'D BY LOCAL REG. <b>11-30-56</b>	REGISTRAR'S SIGNATURE <b>Mrs. Buford Craden</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Alva Hinder</b>	ADDRESS <b>Lutesville Mo</b>
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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 .....  
Student Embalmer

Signed \_\_\_\_\_

*William E. Truer*

Licensed Embalmer No. *4733*

P. O. Address *Cape Girardeau, 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 this body is not embalmed, fact should be so stated above.