

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **39180**

FILED DEC 12 1956

Registration District No. **316** Primary Registration District No. **4461** Registrar's No. **429**

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Iron</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bismarck</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Glover R.R. 0470</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Colonial Rest Home</b>		Length of stay in lb <b>21 days</b>	d. STREET ADDRESS <b>3 1/2 M.W. Jct. 49</b>		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>RAYMOND</b> Middle <b>J.</b> Last <b>STAFFELBACH</b>			4. DATE OF DEATH Month <b>Dec.</b> Day <b>1</b> Year <b>1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 18, 1878</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Month <b>11</b> Day <b>13</b> Hours <b>3</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>R.R. Carman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mo-Pac. R.R.</b>	11. BIRTHPLACE (City and state or country) <b>Highland, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Louie Staffelbach</b>			14. MOTHER'S MAIDEN NAME <b>Emile Wetstein</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT <b>Gladys Schneider</b> Address <b>Glover, Mo. R.R.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Medullary Paralysis</b>					INTERVAL BETWEEN ONSET AND DEATH <b>4 Hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) <b>Thrombotic Encephalomalacia</b> <b>2 Days</b>
DUE TO (c) <b>Arteriosclerosis</b> <b>Years</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <b>2:23 P.</b> Month <b>Nov.</b> Day <b>12</b> Year <b>1956</b> a: m. p. m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		STATE
21. I attended the deceased from <b>Nov. 12, 1956</b> to <b>Dec. 1, 1956</b> and last saw her <b>him</b> alive on <b>Dec. 1, 1956</b> Death occurred at <b>2:23 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>R. A. Mendigale</b> (Degree or title) <b>D.O.</b>			22b. ADDRESS <b>Bismarck, Missouri</b>		22c. DATE SIGNED <b>12-3-56</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<b>Burial</b>	<b>Dec. 3, 1956</b>	<b>Highland Cemetery</b>		<b>Highland, Illinois</b>	
24. FUNERAL DIRECTOR <b>Shipman &amp; Sons</b> ADDRESS <b>Bismarck, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>Dec. 3, 1956</b>	26. REGISTRAR'S SIGNATURE <b>Ether Rudloff</b>		

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *John N. Shipman*

Licensed Embalmer No...48

P. O. Address Bismarck, I

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.