THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 44600

FILED DEC 27 1956

Registration District No. 371 Primary Registration District No. 6262 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY WEBSTER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WEST DALLAS — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY WEBSTER
c. CITY OR TOWN MARSHFIELD R4 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS 7 mi SW (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First JAMES Middle LOUIS Last STUTSMAN

4. DATE OF DEATH Month DEC Day 18 Year 1956

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH JUNE 21 1894

9. AGE (In years last birthday) 62

IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BLACKSMITH-FARMER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) MISSOURI

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME JAMES E. STUTSMAN

14. MOTHER'S MAIDEN NAME MARTHA STUTSMAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT LEA STUTSMAN Address MARSHFIELD Ry

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Carcinoma of the Lung with metastases to brain, and abdomen. — INTERVAL BETWEEN ONSET AND DEATH Year 4 4 mo.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) 163X

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 ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from August 1955 to Dec. 18, 1956 and last saw ~~her~~ him alive on Dec. 17 '56

Death occurred at 8:00 Am on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. P. Macdonald (Degree or title) M.D.

22b. ADDRESS Marshfield, Mo

22c. DATE SIGNED 12/18/56

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE 12-20-1956

23c. NAME OF CEMETERY OR CREMATORY MT OLIVE

23d. LOCATION (City, town, or county) WEBSTER CO (State) MO

24. FUNERAL DIRECTOR BARBER-EDWARDS ADDRESS MARSHFIELD MO

25. DATE RECD. BY LOCAL REG. 12-22-56

26. REGISTRAR'S SIGNATURE Opal M. Good

(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.