

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7415

State File No.

FILED MAR 11 1957

BIRTH NO. _____		REG. DIST. NO. <u>378</u>		PRIMARY REG. DIST. NO. <u>4553</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>WRIGHT</u>		b. CITY (If outside corporate limits, write RURAL and give town(ship)) <u>MTN GROVE</u>		a. STATE <u>MO.</u>		b. COUNTY <u>DOUGLAS</u>	
c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>MTN GROVE.</u>		c. CITY OR TOWN <u>0340</u>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>Rt # 2</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>THEODORE</u>	b. (Middle) <u>W.</u>	c. (Last) <u>STULL</u>	(Month) <u>FEB</u>	(Day) <u>21</u>	(Year) <u>1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEP 4, 1887</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>17</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>POLK CO. NEBR</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>GORDIS STULL</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA WILSON</u>		14. NAME OF HUSBAND OR WIFE <u>LILLIAN STULL</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u>		16. SOCIAL SECURITY NO. <u>no.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS LILLIAN STULL</u> ADDRESS <u>MTN GROVE</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION</u>		ANTECEDENT CAUSES				<u>20 minutes</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>CORONARY INSUFFICIENCY</u>				<u>14 months</u>	
		DUE TO (c) <u>ARTERIOSCLEROSIS</u>				<u>5 years.</u>	
		II. OTHER SIGNIFICANT CONDITIONS				<u>2 years.</u>	
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Myocarditis</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
						<u>4 201</u>	
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) <u>MO.</u>			
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?			
22. I hereby certify that I attended the deceased from <u>October, 1955</u> , to <u>Feb 21, 1957</u> , that I last saw the deceased alive on <u>Feb 21, 1957</u> , and that death occurred at <u>2:35 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Richard G. Mattheus, D.O.</u>				23b. ADDRESS <u>Mtn. Grove, Mo</u>		23c. DATE SIGNED <u>2-23-57</u>	
24a. BURIAL, CREMATION, REMOVAL <u>Burial</u>		24b. DATE <u>2-25-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest</u>		24d. LOCATION (City, town, or county) (State) <u>MTN GROVE, MO</u>		
DATE REC'D BY LOCAL REG. <u>2-27-57</u>		REGISTRAR'S SIGNATURE <u>A. B. Ames</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Franklin W. ...</u> ADDRESS <u>MTN GROVE, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

3400

MAR 20 1957

RECEIVED 3-5-57
WRIGHT CO. HEALTH DEPT.
County File Number 357-22
Date Filed 3-9-57

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.....
Frank Grable

Licensed Embalmer No. *414*

P. O. Address *5th St*

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.