

pt. Health,
c. & Welfare
S. Public
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

448846
STATE FILE NUMBER

FILED JAN 8 1958
Registration District No. 155

Primary Registration District No. 5579 Registrar's No. 222

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rte. # 1 MINERAL		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Rural		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION N.E. of WEBB CITY		Length of stay in lb 6 years	d. STREET ADDRESS (If outside, give location) Rte 1 Webb City		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Rudolph Middle W. Last Stauffacher			4. DATE OF DEATH Month Dec Day 26 Year 1957		
5. SEX Male	6. COLOR OF RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 12 1897	9. AGE (In years & last birthday) 60	IF UNDER 1 YEAR Months 7 Days 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Charles City, Nebr		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME M. Stauffacher		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Hildegarte Stauffer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, Yes & known) (If yes, give type & dates of service) Yes		16. SOCIAL SECURITY NO. 492-42-7829		17. INFORMANT Mrs. Hildegarte Stauffacher Address Route # 1, Webb City, 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) Gunshot wound thru & thru middle forehead, fatal					INTERVAL BETWEEN ONSET AND DEATH Almost instantaneous
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b)
DUE TO (c)					
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 checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> accident		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Muzzle blast of 22 cal rifle caused tearing of the middle forehead showing muzzle less than 1/2" from skin			
20c. TIME OF INJURY Hour 7:30 a.m. Month 12 Day 26 Year 57		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home kitchen		20f. CITY, TOWN, OR LOCATION Route # 1, Webb City	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
21. I attended the deceased from Did not attend to (did not attend) and last saw him alive on 12/26/57 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Dr. W. E. K. ...			22b. ADDRESS ...		22c. DATE SIGNED 12/30/57
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 12/30/1957	23c. NAME OF CEMETERY OR CREMATORY FT. MC PHERSON NAT'L Cem.		23d. LOCATION (City, town, or county) (State) NORTH PLATTE, NEB.
24. FUNERAL DIRECTOR JOHNSTON-ARNOLD-SIMPSON		ADDRESS Webb City, Mo.		25. DATE RECD. BY LOCAL REG. 12-30-1957	26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

174

(Licensed Embalmer's Statement on Reverse Side)

County File Number 58-1-4
Date Filed JAN 6 1958

JAN 13 1958

SEP 12 1958

MAY 16 1958

1958

FEB 4

FEB 24 1958

FEB 26 1958

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 Harry E. Arnie
Licensed Embalmer No. _____

P. O. Address Well City, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.