

FILED JAN 30 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

396

STATE FILE NUMBER

XC-1072 93 14

REG.# 15594

Registration District No.

43

Primary Registration District No.

2007

Registrar's No.

140

1. PLACE OF DEATH a. COUNTY BUTLER			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY TEXAS		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN CABOOL		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL		Length of stay in 1b 35 DAYS	d. STREET ADDRESS (If outside, give location) ROUTE ONE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First FRANKLIN Middle WASHINGTON Last STOGSDILL			4. DATE OF DEATH Month JANUARY Day 21 Year 1958		
5. SEX MALE	6. COLOR OR 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 3-3-93	9. AGE (In years last birthday) 64	10. FUNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and state or country) CABOOL, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME HENRY F. STOGSDILL		13b. MOTHER'S MAIDEN NAME ARA BELL GOOCH		14. NAME OF HUSBAND OR WIFE LYDIA STOGSDILL	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address VA HOSPITAL RECORDS, POPLAR BLUFF, 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) COR PULMONALE					INTERVAL BETWEEN ONSET AND DEATH 4 Years plus
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) PULMONARY FIBROSIS					" " "
DUE TO (c) ASTHMA, BRONCHIAL, CHRONIC					" " "
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 241X					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 Month, Day, Year 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 COUNTY STATE	
21. I attended the deceased from Dec. 17, 1957 to Jan. 21, 1958 Death occurred at 11:10 AM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <input checked="" type="checkbox"/> R. D. TURNER, M. D., Actg. Chief, Med. Svc. (Degree or title)			22b. ADDRESS VA HOSPITAL, POPLAR BLUFF, MO.		22c. DATE SIGNED 1/22/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 1-21-58	23c. NAME OF CEMETERY OR CREMATORY Cabool Cem.		23d. LOCATION (City, town, or county) (State) Cabool, Mo.
24. FUNERAL DIRECTOR ADDRESS Frank-Cotrell Poplar Bluff, Mo.		25. DATE RECD. BY LOCAL REG. 1/24/58		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

RECEIVED

JAN 28 1958

BUTLER CO. HEALTH CENTER

FILE No. _____

JAN 30 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 _____

Licensed Embalmer No. 2969

P. O. Address Poplar Bluff

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.