

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017724  
STATE FILE NUMBER

FD MAY 10 1958 Registration District No. 10.1 Primary Registration District No. 4173 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Douglas		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Douglas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ava		c. CITY OR TOWN Ava 0348	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Ernest E. Stoufer			4. DATE OF DEATH May 11, 1958		
First Ernest E.			Month May		
Middle			Day 11		
Last Stoufer			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 Feb. 11, 1896	9. AGE (In years last birthday) 62	10. UNDER 1 YEAR Months	11. UNDER 24 HRS. Days	12. Hours	13. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Agent with	10b. KIND OF BUSINESS OR INDUSTRY United Farm Agency Gridley, Ill.	11. BIRTHPLACE (City and state or country) Ill.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William K. Stoufer	13b. MOTHER'S MAIDEN NAME Josephine ***	14. NAME OF HUSBAND OR WIFE Hazel Stoufer
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 479 09 6018	17. INFORMANT Mrs. Hazel Stoufer, Ava, Missouri	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH not
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		4201
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 _____ a.m. _____ p.m. _____	

20d. INJURY OCCURRED WHILE AT WORK <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 Ava	COUNTY MO	STATE
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21. I attended the deceased from Death occurred at 11: P.M.	to 5-11-58 and last saw her alive on _____	him _____
m on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE M. C. Bentley	(Degree or title) M. D.	22b. ADDRESS Ava Mo	22c. DATE SIGNED 5-12-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-14-58	23c. NAME OF CEMETERY OR CREMATORY Ava	23d. LOCATION (City, town, or county) (State) Ava, Missouri
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24. FUNERAL DIRECTOR Clinkingbeard Funeral Home, Ava, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. May 14-58	26. REGISTRAR'S SIGNATURE Wesley Bushman
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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

300  
1-57  
40

40

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 *Charles R. Fish* .....

Licensed Embalmer No. *4662* .....

P. O. Address *Am, ms.* .....

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.