

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028270

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

FILED AUG 29 1961

Primary Registration District No. 3002

Registrar's No. 158

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mexico</b>		Length of stay in 1b <b>5 Days</b>	c. CITY OR TOWN <b>Vandalia</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Audrain Co. Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>3 miles west of</b>	
3. NAME OF DECEASED (Type or print) First <b>Clark</b> Middle <b>Newton</b> Last <b>Stotler</b>			4. DATE OF DEATH Month <b>August</b> Day <b>15</b> Year <b>1961</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>8-8-1889</b>	9. AGE (last birthday) <b>72</b>
IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 1 YEAR Hours	IF UNDER 24 HR Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Audrain Co., Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>					
13a. FATHER'S NAME <b>Frank F. Stotler</b>			13b. MOTHER'S MAIDEN NAME <b>Almeta Rex</b>		14. NAME OF HUSBAND OR WIFE <b>Bessie Opal Stotler</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			17. INFORMANT Address <b>Bessie Opal Stotler, Vandalia, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) - <b>Pulmonary infarction</b>					INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) - <b>Chronic myocardial failure</b>					<b>6 weeks</b>
DUE TO (c) - <b>Chronic humeral <del>bone</del> infarction</b>					<b>years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased as female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 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 COUNTY STATE	
21. I attended the deceased from <b>Dec 1960</b> to <b>August 15 1961</b> and last saw <sup>her</sup> him alive on <b>Aug 15 61</b> Death occurred at <b>9:30 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Harold Langston M.D.</b>			22b. ADDRESS <b>Tr. Spier</b>		22c. DATE SIGNED <b>8-18-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>8-18-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Gardens</b>		23d. LOCATION (City, town, or county) (State) <b>Audrain Co., Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>William B. Stotler, Vandalia, Mo</b>			25. DATE RECD. BY LOCAL REG. <b>Aug 18-1961</b>		26. REGISTRAR'S SIGNATURE <b>Blanche Neely</b>

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

1961 SEP 7

**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 William B. Winters

Licensed Embalmer No. 4169

P. O. Address Grandview, Missouri

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.