

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022745

STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 113

FILED JUN 18 1962

VS 300 Rev. 4/59	DATE AMENDED				
10405					
20405r					
3					
4 0					
5 1					
6					
7 0					
8 2					
9 X					
10					
11 040					
12 2-0					
13 1-0					

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS:  
 AMENDED  
 INSTEAD OF  
 DOCUMENT  
 SHOULD READ  
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN <u>Trenton</u>		Length of stay in 1b <u>17 years.</u>	c. CITY OR TOWN <u>Trenton</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wright Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>2062 E 8th St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>GOOL Floyd Stottlenyee</u>		4. DATE OF DEATH Month Day Year <u>JUNE 10 1962</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/12/1905</u> 9. AGE (last birthday) <u>57</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Central Farm products</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Central Farm</u>	11. BIRTHPLACE (City and state or country) <u>Merced Co. Mo.</u> 12. CITIZEN OF WHAT COUNTRY <u>USA.</u>
13a. FATHER'S NAME <u>George Stottlenyee</u>		13b. MOTHER'S MAIDEN NAME <u>Belva May Persell</u> 14. NAME OF HUSBAND OR WIFE* <u>Doris Lea Stottlenyee</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		17. INFORMANT <u>Deland Stottlenyee</u> Address <u>Chillicothe Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Rupture of diaphragm and Pericardium</u>			INTERVAL BETWEEN ONSET AND DEATH <u>16 hours</u>
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 was 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 checked="" 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.) <u>Was in a Car Wreck</u>	
20c. TIME OF INJURY Hour Month, Day, Year <u>1:40 AM June 10 1962</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office Bldg.) <u>Highway near Trenton Mo Grundy Co</u>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>Trenton Mo Grundy Co</u> STATE <u>MO</u>	
21. I attended the deceased from <u>June 10 1962</u> to <u>June 10 1962</u> and last saw her/him alive on <u>June 10 1962</u> . Death occurred at <u>6:50 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Oliver F. Duffy</u> (Degree or title)		22b. ADDRESS <u>Trenton Mo</u>	22c. DATE SIGNED <u>June 11 1962</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6/13/1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Rest Home Memorial Garden</u>	23d. LOCATION (City, town, or county) (State) <u>Trenton, Mo. 1962</u>
24. FUNERAL DIRECTOR <u>J. Gouban Blackmore</u> ADDRESS <u>Trenton, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6-12-62</u>	26. REGISTRAR'S SIGNATURE <u>Frene Jarr</u>

USE BLACK INK  
 OR  
 TYPEWRITER RIBBON

Dr O.F. Duffy.

(Licensed Embalmer's Statement on Reverse Side)

JUN 19 1962

MAY 16 1963

JUN 13 1963

**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 Claude H. Candall Jr.

Licensed Embalmer No. 4986

P. O. Address Leaton, 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.