MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-027685

STATE FILE NUMBER

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 53

FILED JUL 16 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0542
2 0541 2
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4 1
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12 2-0
13 2-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: LAFAYETTE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: LEXINGTON — Length of stay in 1b: 1 DAY
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): MEMORIAL HOSPT — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI — b. COUNTY: LAFAYETTE
c. CITY OR TOWN: HIGGINSVILLE — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1400 WALNUT — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First LENA — Middle STOLL — Last
4. DATE OF DEATH: Month JUNE — Day 20 — Year 1962
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 8-29-1881
9. AGE (last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WORK
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (City and state or country): HIGGINSVILLE, MO.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: HENRY LUEHRS
13b. MOTHER'S MAIDEN NAME: AMELIA SEMMER
14. NAME OF HUSBAND OR WIFE: WILLIAM STOLL
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.: none
17. INFORMANT: HENRY STOLL — Address: HIGGINSVILLE MO.

MEDICAL CERTIFICATION

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 myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): A.S.H.D. — several years.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): pt. had angina pectoris 6yr. prior to death
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. — Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1954, to 6-20-62 and last saw ~~her~~ him alive on 6-19-62
Death occurred at 5:15 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Wilbur E. Fulherson M.D.
22b. ADDRESS: Higginsville, Mo.
22c. DATE SIGNED: 6-24-62
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 6-22-62
23c. NAME OF CEMETERY: SALEM CHURCH
23d. LOCATION (City, town, or county) (State): HIGGINSVILLE MO.
24. FUNERAL DIRECTOR — ADDRESS: WIEGERS-RIEKHOF Higginsville MO.
25. DATE RECD. BY LOCAL REG.: 6-24-62
26. REGISTRAR'S SIGNATURE: Minnie E Eastbrook

(Licensed Embalmer's Statement on Reverse Side)

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 Roy F Wiegers

Licensed Embalmer No. 2883

P. O. Address Higginsville 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.