

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038865
STATE FILE NUMBER

Registration District No. 032 Primary Registration District No. 4042 Registrar's No. 74

FILED OCT 31 1963	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>BELLINGER</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>LUTESVILLE</u> Length of stay in lb <u>6 WEEKS</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BOND REST HOME LUTESVILLE, MO.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>MO.</u> b. COUNTY <u>WAYNE</u></p> <p>c. CITY OR TOWN <u>MILL SPRING</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>VILLAGE GENDEL</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print) First Middle Last <u>CATHERINE (MATTIE) STAMP.</u></p>	
<p>4. DATE OF DEATH Month Day Year <u>OCT 7 1963</u></p>	
<p>5. SEX <u>FEMALE</u></p>	<p>6. COLOR OR RACE <u>WHITE</u></p>
<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>9-23-1977</u> 9. AGE (last birthday) <u>86</u></p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>HOUSE WIFE</u></p>	<p>10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u></p>
<p>11. BIRTHPLACE (City and state or country) <u>ST LOUIS MO U.S.A.</u></p>	
<p>12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u></p>	
<p>13a. FATHER'S NAME <u>FREDRICK BECKLEY</u></p>	<p>13b. MOTHER'S MAIDEN NAME <u>ELIZABETH BARNETT</u></p>
<p>14. NAME OF HUSBAND OR WIFE <u>JOSEPH R. STAMP (DECEASED)</u></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u></p>	<p>16. SOCIAL SECURITY NO. <u>[REDACTED]</u></p>
<p>17. INFORMANT <u>Marie Baron Mill Spring MO</u></p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line)</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p>IMMEDIATE CAUSE (a) <u>Cerebral vascular hemorrhage</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis.</u></p> <p>DUE TO (c) _____</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p> <p>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</p> <p>INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u></p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour _____ Month, Day, Year _____</p>	<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	
<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>	
<p>21. I attended the deceased from <u>Aug 26 '63</u> to <u>Oct. 7 1963</u> and last saw ^{her} <u>him</u> alive on <u>Oct. 7 1963</u></p> <p>Death occurred at <u>11:00 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) <u>[Signature]</u></p>	<p>22b. ADDRESS <u>Lutesville</u></p>
<p>22c. DATE SIGNED <u>10/27/63</u></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u></p>	<p>23b. DATE <u>10-10-63</u></p>
<p>23c. NAME OF CEMETERY OR CREMATORY <u>MILL SPRING</u></p>	
<p>23d. LOCATION (City, town, or county) <u>MILL SPRING, MO.</u></p>	
<p>24. FUNERAL DIRECTOR <u>GISH FUNERAL HOME PIEDMONT, MO.</u> ADDRESS <u>321 N MAIN</u></p>	
<p>25. DATE RECD. BY LOCAL REG. <u>10/29/63</u></p>	
<p>26. REGISTRAR'S SIGNATURE <u>Mrs Buford Crader</u></p>	

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT

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

Roman W. Gish

Licensed Embalmer No. 3387

P. O. Address Piedmont 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.