

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-047444

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 126

STATE FILE NUMBER

FILED JAN 3 1964	
1. PLACE OF DEATH a. COUNTY <u>Clinton</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cameron</u> Length of stay in 1b <u>15 yrs.</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Clinton</u> c. CITY OR TOWN <u>Cameron</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>215 E. 6th.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>DANIEL SNIDER STADE</u>	
4. DATE OF DEATH Month Day Year <u>Dec. 29. 1963</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>Cauc.</u>
7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-17-1903</u>
9. AGE (last birthday) <u>60</u> 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) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Gen.</u>
11. BIRTHPLACE (City and state or country) <u>Chilliwack, B.C.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Stade</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Snider</u>
14. NAME OF HUSBAND OR WIFE <u>Ruth Stade</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates) <u>no</u>	
16. SOCIAL SECURITY NO. <u>3492</u>	
17. INFORMANT Address <u>Ruth Stade, Cameron, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
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 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. Month, Day, Year	
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 <u>Dec. 29, 1963</u> and last saw him alive on <u>Dec 29, 1963</u> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>[Signature]</u> (Degree or title)	22b. ADDRESS <u>Cameron, Mo</u>
22c. DATE SIGNED <u>12/31/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-1-1964</u>
23c. NAME OF CEMETERY OR CREMATORY <u>Miracle Cem.</u>	
23d. LOCATION (City, town, or county) (State) <u>Miracle, Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Poland Funeral Home, Cameron, Mo</u>	
25. DATE RECD. BY LOCAL REG. <u>Dec 31 1963</u>	
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DATE AMENDED

3	2
4	0
5	1
6	
7	2
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10	
11	
12	90-0
13	20

BY AFFIDAVIT OF DOCUMENT MEDICAL CERTIFICATION SHOULD READ

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 Robert J. Poland

Licensed Embalmer No. 4777 # St
222 West 3
P. O. Address Camden NJ

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.