

NOV 17 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

37505

Do not use this space.

1. PLACE OF DEATH

(a) County

Crawford
Boone

Registration District No.

229

(b) Township

Primary Registration District No.

5211

Registered No.

(c) City

(d) Street No.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 70 yrs. mos. ds.

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ANTONE SEBASTIAN STATER

(a) Residence, No.

Crawford Co. Missouri

St.

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Jane Elizabeth Stater

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Aug. 9, 1860

7. AGE

YEARS

77

MONTHS

2

DAYS

IF LESS than 1

day, hrs.

or min.

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.

Farmer

9. Industry or business in which work
was done, as saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Franklin Co.
Missouri

FATHER

13. NAME

Francis Stater

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Germany

MOTHER

15. MAIDEN NAME

Sarah M. Kohler

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Germany

17. INFORMANT
(ADDRESS)Katharine Stater
Bourbon, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sullivan, Mo. DATE Oct 12, 1937

19. FUNERAL DIRECTOR
(ADDRESS)Thos. P. Shaffer
Sullivan, Mo.

20. FILED

Oct 10 37 Williams

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 9, 1937

22. I HEREBY CERTIFY, THAT I attended deceased from

Oct - 5, 1937, to Oct - 9, 1937

I last saw him alive on Oct - 8, 1937. Death is said

to have occurred on the date stated above, at 4:20 A.M.

The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:

Chronic Myocarditis
Coronary Atherosclerosis

Name of operation

Chronic Myocarditis

What test confirmed diagnosis?

Chronic Myocarditis Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. P. Williams, M. D.

(Address) Sullivan, Mo.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FORM 2-23-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, Edgar W. Laffoon, Licensed Embalmer No. 3394
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed

Edgar W. Laffoon
3394

Licensed Embalmer No. _____

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.)

STATE OF MISSOURI
DEPARTMENT OF HEALTH
DIVISION OF ANATOMY

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

37505
Do not use this space.

1. PLACE OF DEATH
 (a) County Crawford Registration District No. 229
 (b) Township Boone Primary Registration District No. 5211 Registered No.
 (c) City (d) Street No. St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Antone Sebastian Stater
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
 7. AGE YEARS 77 MONTHS 2 DAYS If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
 FATHER 13. NAME
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
 MOTHER 15. MAIDEN NAME
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
 17. INFORMANT (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Oct 12 37
 19. FUNERAL DIRECTOR (ADDRESS) W. S. Duckworth
 20. FILE 10-10 1937 W. S. Duckworth Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9 1937
 22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...
 I last saw him alive on 19... Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:
 Date of onset
 Other contributory causes of importance:
 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19...
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of injury
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) W. S. Duckworth, M. D.
 (Address) Sullivan Ind

SUPPLEMENTARY

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

