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FILED AUG 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25382

Registration District No. 8

Primary Registration District No. 4021

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Audrain
 (b) City or town Laddonia
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 (Specify whether
 In this community
 years, months or days)

3. (a) PRINT FULL NAME WM-P-STOTLER
 3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Gertie-M-Stotler 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased July 14 1871
 (Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 24 If less than one day hr. min.

9. Birthplace Montgomery County (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business.....

MOTHER FATHER { 12. Name Wm Stotler
 13. Birthplace Ohio (City, town, or county) (State or foreign country)
 14. Maiden name Julia Berry
 15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Stotler

(b) Address Laddonia, Mo.

17. (a) Burial (b) Date thereof 8-10-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laddonia Cemetery

18. (a) Signature of funeral director Clyde W. Wiley
 (b) Address LADDONIA - MO.

19. (a) 8-15-48 (b) Martha Reye
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Audrain
 (c) City or town Laddonia
 (If outside city or town limits, write "RURAL")
 (d) Street No..... (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7
 year 1948 hour 9 minute 0 P. M.

21. I hereby certify that I attended the deceased from Coroner's Case
 that I last saw h. alive on..... 19.....
 and that death occurred on the date and hour stated above

Immediate cause of death Accident by being struck by automobile in Laddonia Mo. on highway #54 on Aug 7-1948 at 7 P.M. Auto was driven by Thomas J. Switzer, Mexico, Mo. at rate of about 90 or 95 miles per hr. Diner had been drinking beer off on on all after noon. We also find from the evidence that...
 Other conditions (Include pregnancy within 3 months of death).....
 Major findings: The deceased body was seen a broken bottle with contained fluid. none. Crushed chest internal fracture
 Of operations.....

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident, MVC
 (b) Date of occurrence August 9-1948
 (c) Where did injury occur? Highway #54 Laddonia Mo
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial or public place?
Highway #54 (Specify type of place)
 While at work? No (e) Means of injury Auto strike

23. Signature J. C. Adams (M. D. or other).....
 Address Mexico, Mo. Date signed 8-8-48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 1

District File Number 8-48-14

Date Filed ~~SEP 6 1914~~
AUG 20 1914

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... Clyde Wilkey

Licensed Embalmer No. 3820

P. O. Address..... Perry, Me

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 this body is not embalmed, fact should be so stated above.