No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26031

FILED AUG 31 1948

Registration District No. 128

Primary Registration District No. 5466

Registrar's No. 706

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

1. PLACE OF DEATH: GREENE

(a) County Rural—South Campbell Twp.

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: OZARK OSTEOPATHIC HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Polk 84

(c) City or town Bolivar (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Richard Dale Stalker

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M

5. Color or race WHITE

6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan (Month) 11 (Day) 48 (Year)

8. AGE: Years | Months 7 | Days 13 | If less than one day hr. min.

9. Birthplace Bolivar (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Infant

11. Industry or business

FATHER

12. Name William Lee Stalker

13. Birthplace Bolivar (City, town, or county) Mo. (State or foreign country)

MOTHER

14. Maiden name Madge Naomi Witt

15. Birthplace Phoenix (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Alta M. Witt

(b) Address Bolivar, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 24, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Bolivar Enon Cem

18. (a) Signature of funeral director Turpin Funeral Home

(b) Address Bolivar, Mo

19. (a) 8-24-48 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8-24-48 day year 6 hour 10 minute a M.

21. I hereby certify that I attended the deceased from 8-24-48 12:30 P.M., 19 to 8-24-48-6-10 am that I last saw him alive on 8-24-48, 19 and that death occurred on the date and hour stated above.

Immediate cause of death asphyxia

Due to obstruction to the interchange of gases in the lungs

Due to bronchopneumonia

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Leland E Witzel (M. D. or other) 400

Address 700 E Sunshine Date signed 8/24/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office
County File Number .....
Date Filed .....

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 .....

Licensed Embalmer No. 3053

P. O. Address Bolivar, 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 this body is not embalmed, fact should be so stated above.