

FILED NOV 19 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

35593

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 284

1. PLACE OF DEATH:

(a) County Boone  
 (b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Ellis Fischel State Cancer Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 33 days  
(Specify whether  
 In this community 33 days  
years, months or days)

3. (a) PRINT FULL NAME Harry Standefer

3. (b) If veteran, name war -  
 3. (c) Social Security No. (40 m.)

4. Sex M 5. Color or race W  
 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Pearl Standefer  
 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased: Dec. 1 1893  
(Month) (Day) (Year)

8. AGE: Years 55 Months 11 Days 7  
 If less than one day hr. 6 min.

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

10. Usual occupation Oiler at A.P. Green Fire Brick Co.

11. Industry or business

MOTHER FATHER  
 12. Name Unknown  
 13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pearl Standefer  
 (b) Address Missouri

17. (a) Almost (b) Date thereof 11-8-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Missouri

18. (a) Signature of funeral director Tout E. Ruck  
 (b) Address Missouri

19. (a) 11-8-48 (b) Mrs. P.E. Palmeyer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adrain  
 (c) City or town Mexico  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 100 1/2 E. Liberty  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 8  
 year 1948 hour 3:10 P M minute - M.

21. I hereby certify that I attended the deceased from September 6th, 1948, to November 8th, 1948, that I last saw him alive on November 8th, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death CACHEXIA Duration 3 mo  
 Due to LYMPHOSARCOMA 2 yrs.

Other conditions 55  
(Include pregnancy within 3 months of death)

Major findings: Of operations 55  
 Of autopsy Confirms above  
 ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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?

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of Injury 0

23. Signature P.E. Johnson (M. D. or other) \_\_\_\_\_  
 Address Columbia, Mo. Date signed 11-8-48

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

RECEIVED  
District Health Officer, No. 9,  
District File Number  
Date Filed NOV 18 1948

**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..... *Earl E Priddy*

Licensed Embalmer No. *3189*

P. O. Address..... *Mesa, 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.**

2B  
3-45  
K43880

State File No. Dec  
Registrar's No. 284

Registration District No. 38 Primary Registration District No. 3006

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Harry Stauder  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social security No. \_\_\_\_\_

4. Sex m 5. Color or race w  
6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_

7. Birth date of deceased \_\_\_\_\_  
(Month) (Day) (Year)

8. AGE: Years 55 Months 11 Days \_\_\_\_\_ If less than one day \_\_\_\_\_  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_  
17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ day \_\_\_\_\_  
year 1948 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above. Immediate cause of death \_\_\_\_\_

Lymphosarcoma, generalized Duration 2 1/2 yrs  
(Primary site undetermined)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy Confirms above

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature R.E. Johnson (M. D. or other) \_\_\_\_\_

Address Columbia, Mo. Date signed 13 Dec 1948

SUPPLEMENTARY

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

MOTHER FATHER

S-35593