

FILED APR 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11325

State File No.

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6243 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>(Rural) Liberty</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Potosi (Rural) Liberty</u>	
c. LENGTH OF STAY (in this place) <u>7 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Potosi, Rt. 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Potosi, Rt. 1</u>		d. STREET ADDRESS <u>Potosi, Rt. 1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) <u>JAMES</u> c. (Last) <u>STUDDARD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 28 1949</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOV. 28, 1896</u>
9. AGE (In years last birthday) <u>52</u> If UNDER 1 YEAR: Months <u>4</u> Days _____ If UNDER 1 MRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>SULLIVAN, MO.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LEAD MINING</u>	
11. BIRTHPLACE (State or foreign country) <u>SULLIVAN, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JOHN STUDDARD</u>		13b. MOTHER'S MAIDEN NAME <u>LAURICA PRUITT</u>	
14. NAME OF HUSBAND OR WIFE <u>MELISSA STUDDARD</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or date of service) <u>WWI</u>	
16. SOCIAL SECURITY NO. <u>497-01-9820</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Melissa Studdard</u> ADDRESS <u>Potosi, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Valvular heart lesion</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4211</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan. 5, 1949</u> , to <u>Mar. 28, 1949</u> , that I last saw the deceased alive on <u>Mar. 26, 1949</u> , and that death occurred at <u>8:15 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Joseph L. Plummer, M.D.</u> (Degree or title)		23b. ADDRESS <u>Potosi, Mo.</u>	
23c. DATE SIGNED <u>3-29-1949</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>March 31, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Methodist</u>	
24d. LOCATION (City, town, or county) (State) <u>Caledonia Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Halruik Rudolph Boyer</u> ADDRESS <u>Funeral Home Potosi, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3/29/49</u>		REGISTRAR'S SIGNATURE <u>Halruik Rudolph Boyer</u>	

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

RECEIVED

Health Officer No. 4
File Number 449-45
4-5-49

APR 11 1949

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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.

Signed Howard Higginbotham

Licensed Embalmer No. 4578

P. O. Address Potosi, Mo.

Signed _____
Student Embalmer

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.