

FILED NOV 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38224

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>372</u>			
1. PLACE OF DEATH a. COUNTY <u>PETTIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u>				b. COUNTY <u>PETTIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SEDALIA</u>			c. LENGTH OF STAY (in this place) <u>lifetime</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SEDALIA</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>BOTHWELL MEMORIAL HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>612 SOUTH PARK</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ANNIE</u>		b. (Middle) <u>FRANCES</u>		c. (Last) <u>STAMPER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 6, 1949</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 6, 1876</u>		9. AGE (In years last birthday) <u>73</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Buchanan Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Wm Jacob Wingate</u>			13b. MOTHER'S MAIDEN NAME <u>Phoebe Elizabeth Brown</u>			14. NAME OF HUSBAND OR WIFE <u>James Austin Stamper</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Earl Wingate Rt 4, Sedalia, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malignant abdominal hemorrhage due to rupture of spleen; intracranial hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions; if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Automobile accident.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocardial insufficiency</u>						INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u> <u>ES 106</u> <u>2 1/2 years.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Rupture of spleen; fracture of pelvis.</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) <u>U.S. Highway 65</u>		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <u>Sedalia Pettis Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>November 4, 1949 5:45 p.m.</u>			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Head on automobile collision</u>							
22. I hereby certify that I attended the deceased from <u>Nov 4, 1949</u> , to <u>Nov 6, 1949</u> , that I last saw the deceased alive on <u>Nov 5, 1949</u> , and that death occurred at <u>12:05 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>John E. Larry M.D.</u>				23b. ADDRESS <u>111 West 4th, Sedalia Mo.</u>				23c. DATE SIGNED <u>11-7-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 8, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Gower Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Gower, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>11-8-49</u>		REGISTRAR'S SIGNATURE <u>Betty Yeager Deputy</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Eckhart</u>		ADDRESS <u>Sedalia, Mo</u>		

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

RECEIVED NOV 14  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 11-15-49

SEP 7 1949

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.

Student \_\_\_\_\_  
Student Embalmer

Signed Frank S. Coffman Jr.

Licensed Embalmer No. 4554

P. O. Address Sedalia, 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.